

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4567

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 5

1. PLACE OF DEATH  
a. COUNTY Grundy 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Grundy

b. CITY (If outside corporate limits, write RURAL and give township) Trenton c. LENGTH OF STAY (In this place) \_\_\_\_\_

c. CITY OR TOWN Trenton d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Mem. Hosp.

St. STREET ADDRESS (If rural, give location) 1553 Bolser St. 04020

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Estes c. (Last) Colley

4. DATE OF DEATH (Month) (Day) (Year) Jan 4, 1955

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb 24, 1888

9. AGE (In years last birthday) 66

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noel Colley

13b. MOTHER'S MAIDEN NAME Ella Marrs

14. NAME OF HUSBAND OR WIFE Nonnie Murphy Colley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nonnie Colley, Trenton, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma Stomach  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Carcinoma Pancreas  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH. 3 mos  
1 mo

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec 11, 1954 to Jan 4, 1955 that I last saw the deceased alive on Jan 4, 1955 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffly M.D. (Degree or title)

23b. ADDRESS Trenton Mo.

23c. DATE SIGNED Jan 5-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/6/55

24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery

24d. LOCATION (City, town, or county) (State) Grundy, Co. Mo.

DATE REC'D BY LOCAL REG. 1-6-55

REGISTRAR'S SIGNATURE Jene Jan 115

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gipson Funeral Home Trenton, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 5 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed *Leo H. Whitaker* .....

Licensed Embalmer No. *47* .....

P. O. Address *Trenton* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.