

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>0264</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>	c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 East State Street</u>			
e. STREET ADDRESS (If rural, give location) <u>506 East State Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Lee</u> c. (Last) <u>Sevier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>April-28-1867</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville, Ills</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Oliver C. Coultas</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Headen</u>		14. NAME OF HUSBAND OR WIFE <u>Christopher M. Sevier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Seymour, Jefferson City, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon Primary</u>	DUPLICATE OF (b) <u>Metastatic Carcinoma</u>		<u>5 Years</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE OF (c) <u>of lung</u>		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) <u>Arteriosclerotic Cardiovascular</u>			<u>Arteriosclerotic Cardiovascular</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10-1929, to 4-7-1955, that I last saw the deceased alive on 4-7-1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. McHaney M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>4/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr-10-1955</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 9-1955</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Y. Jordan Jefferson City, Mo</u>			

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

APR 15 1958

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.....

Licensed Embalmer No. 1286

P. O. Address Jeff City, Mo.

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.