

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10901

State File No.

FILED APR 26 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 14 days		STREET ADDRESS (If rural, give location) Baker Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Stanley		c. (Last) Colvin		4. DATE OF DEATH (Month) (Day) (Year) April 16, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Feb. 8, 1888		9. AGE (In years last birthday) 67		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) Farm Laborer			10b. KIND OF BUSINESS OR-INDUSTRY On Farms			11. BIRTHPLACE (City and State or Foreign Country) Winchester, Illinois			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Elmer Colvin		13b. MOTHER'S MAIDEN NAME Lester Shelton		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 401-05-6843-A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. George Lesley Colvin Jr, Mexico, 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. If means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged Prostate		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) generalized metastasis		3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 3, 1954, to April 16, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE Harold Sanford		(Degree or title) M.D.		23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 4-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-18-1955		24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. April 17-1955		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arnold Funeral Home, Mexico, Mo.			

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

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 *Ray Miller*

Licensed Embalmer No. *44*

P. O. Address *Mexico*

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.