

FILED AUG 23 1955 STANDARD CERTIFICATE OF DEATH

State File No. 27368

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Arcadia Township</b>	
c. LENGTH OF STAY (in this place) <b>6 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile east of Ironton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>COLBORN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16 1955</b>
-------------------------------------	------------------------	-------------------------	--------------------------	--------------------------------------------------------------

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 1 1886</b>	9. AGE (In years) (Month) (Days) (Hours) (Min.) <b>69 7 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Reynolds Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				

13a. FATHER'S NAME <b>John Stricklin</b>	13b. MOTHER'S MAIDEN NAME <b>Matilda Sherrill</b>	14. NAME OF HUSBAND OR WIFE <b>Harvey B. Colborn</b>
---------------------------------------------	------------------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harvey B. Colborn</b>	ADDRESS <b>Missouri</b>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	---------------------------------------------------------------	----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>332X</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **7-4-55**, 19**55**, to **8-16-55**, 19**55**, that I last saw the deceased alive on **8-15**, 19**55**, and that death occurred at **2:05A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Don W. Taylor</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Bonne Terre Mo</b>	23c. DATE SIGNED <b>8-17-55</b>
----------------------------------------	----------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>K. P. Cemetery Ironton Missouri</b>	24d. LOCATION (City, town, or county) (State)
------------------------------------------------------------	-----------------------------	------------------------------------------------------------------------------	-----------------------------------------------

DATE REC'D BY LOCAL REG. <b>Aug. 17, 1955</b>	REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home</b>	ADDRESS <b>Ironton Missouri</b>
--------------------------------------------------	---------------------------------------------------	---------------------------------------------------------------	------------------------------------

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

300

41

**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 .....  
Student Embalmer

Signed Russell J. White

Licensed Embalmer No. 2012

P. O. Address Durham N.C.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.