

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 17 1955

State File No. **34452**
Registrar's No. **204**

BIRTH NO. _____		REG. DIST. NO. 810		PRIMARY REG. DIST. NO. 3088		Registrar's No. 204	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES			
b. CITY OR TOWN ST. CHARLES		c. LENGTH OF STAY (in this place) 4 YRS		c. CITY OR TOWN ST. CHARLES		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 825 MADISON STR				e. STREET ADDRESS (If rural, give location) 825 MADISON STR			
3. NAME OF DECEASED (Type or Print) DAISY L. COLBERT			4. DATE OF DEATH (Month) (Day) (Year) OCT. 10. 1955				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH OCT. 23, 1883	
9. AGE (In years last birthday) 71		10. MONTHS 11		11. DAYS 17		IF UNDER 1 YEAR Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State or Foreign Country) TROY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALFRED BRUNK		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH VAUGHN		14. NAME OF HUSBAND OR WIFE ADAM A. COLBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME GLADYS HENKE, ST. CHARLES 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis DUE TO (c) 331X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 1 Day 5 yrs 6 mo	
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) (Min)		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 5-25-54 to 10-10-55 , that I last saw the deceased alive on 10-9-55 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. Prinster M.D. (Degree or title)				23b. ADDRESS ST. CHARLES, MO		23c. DATE SIGNED October 11, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. CHARLES MO	
DATE REC'D BY LOCAL REG. Oct 11 1955		REGISTRAR'S SIGNATURE Francis H. Prinster		25. FUNERAL DIRECTOR'S SIGNATURE R. Prinster, St. Charles Mo ADDRESS			

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, ~~of~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmo R. Sadwell*.....

Licensed Embalmer No. *407*.....

P. O. Address *St. Louis*.....

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.