No. 300
10.48

FILED MAR 12 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4359

BIRTH NO. 12533-56 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 211

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

**1. PLACE OF DEATH**
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN Marshfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) township 1120 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) Mary b. (Middle) Jane c. (Last) Cologna

**4. DATE OF DEATH** (Month) (Day) (Year) March 6-1956

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~** never married

**8. DATE OF BIRTH** Feb. 25-1956

**9. AGE** (In years last birthday) —
IF UNDER 1 YEAR Months — Days 10
IF UNDER 24 HRS. Hours — Min. —

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

**10b. KIND OF BUSINESS OR INDUSTRY** —

**11. BIRTHPLACE** (City and State or Foreign Country) Marshfield, Missouri

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

**13a. FATHER'S NAME** Joseph F. Cologna

**13b. MOTHER'S MAIDEN NAME** Dorothy Krier

**14. NAME OF HUSBAND OR WIFE** —

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

**16. SOCIAL SECURITY NO.** none

**17. INFORMANT'S SIGNATURE OR NAME** Joseph F. Cologna
**ADDRESS** Marshfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Microcephalus — INTERVAL BETWEEN ONSET AND DEATH 12 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

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** 7531

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**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* Feb 25, 1956, *to* March 6 1956, *that I last saw the deceased alive on* March 5, 1956, *and that death occurred at* 3:30 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Paul Russell (Degree or title) M. D.

**23b. ADDRESS** 609 Cherry St.

**23c. DATE SIGNED** 3/6/56

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

**24b. DATE** Mar. 7-1956

**24c. NAME OF CEMETERY ~~OR CREMATORY~~** Marshfield Cemetery

**24d. LOCATION** (City, town, or county) Marshfield, Missouri (State)

**DATE REC'D BY LOCAL REG.** 3-6-56

**REGISTRAR'S SIGNATURE** Edith Williamson

**25. FUNERAL DIRECTOR'S SIGNATURE** Lee Funeral

**ADDRESS** Springfield, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 331

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.