

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34853**

FILED NOV 5 - 1956

BIRTH NO. **5-2911-56** REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **27**

| | | | |
|--|----------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY New Madrid | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid | |
| b. CITY (If outside corporate limits, write RURAL and give town) Lewis Twsp. | | c. LENGTH OF STAY (in this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 Miles S.E. of Lilbourn | | c. CITY OR TOWN Lilbourn d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Julie b. (Middle) Fay c. (Last) Colbert | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1956 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 7-21-1956 |
| 9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 5 IF UNDER 12 HRS. Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Lilbourn, Missouri | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William J. Colbert | |
| 13b. MOTHER'S MAIDEN NAME Opal Jolly | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME W.J. Colbert-Lilbourn, Mo. | | ADDRESS | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Stasis INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 482x | |
| 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 10-26-1956 , to 10-26, 1956 , that I last saw the deceased alive on 10-26, 1956 , and that death occurred at 3:00 a. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John O. Cameron | | 23b. ADDRESS W. O. F. Marston - Mo | |
| 23c. DATE SIGNED 10-26-56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-27-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem | | 24d. LOCATION (City, town, or county) (State) Lilbourn, Mo. | |
| DATE REC'D BY LOCAL REG. 10-27-56 | | REGISTRAR'S SIGNATURE H. L. Ponder Deputy | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

DATE RECEIVED OCT 29 1956
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Donald H. Ponder....., Student Embalmer No. 536 working under my personal supervision..

Student Donald H. Ponder.....
Signature of Student Embalmer

Signed Homer L. Ponder.....

Licensed Embalmer No. 336.....

P. O. Address Lilbourn.....

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.