

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1957

7958

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5248 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-Wayland, Twp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MARCELINE 0210</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sabisbury Rt. 1</u>			Length of stay in lb <u>1 yr</u>		d. STREET ADDRESS (If outside, give location) <u>CHARITON Co.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ED</u> Middle <u>-</u> Last <u>COLYER</u>				4. DATE OF DEATH Month <u>3</u> Day <u>16</u> Year <u>57</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-2-1880</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and state or country) <u>Sullivan Co. - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA -</u>		
13. FATHER'S NAME <u>MARTIN COLYER</u>				14. MOTHER'S MAIDEN NAME <u>NAN HEAD</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>LLOYD COLYER</u> Address <u>PRARIE HILL, MO</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism</u> DUE TO (b) _____ DUE TO (c) <u>Anterior Schlerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>3-14/57</u> to <u>3-16-57</u> and last saw her/him alive on <u>3/16/57</u> Death occurred at <u>6:00 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Walter P. ... MD</u>				22b. ADDRESS <u>Marceline Mo.</u>				22c. DATE SIGNED <u>3/19/57</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>EMERAL</u>		23b. DATE <u>3-18-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		23d. LOCATION (City, town, or county) (State) <u>MARCELINE MO</u>			
24. FUNERAL DIRECTOR <u>James M. ...</u> ADDRESS <u>Marceline MO</u>				25. DATE RECD. BY LOCAL REG. <u>3/19/57</u>		26. REGISTRAR'S SIGNATURE <u>Walter P. ...</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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5-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this certificate. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

5-5-57

APR 24 1957

APR 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George P. ...*
Licensed Embalmer No. *...*

P. O. Address *...*

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