

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 27 3 9 3
STATE FILE NUMBER

FILED AUG 29 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Vandalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>				Length of stay in 1b		d. STREET ADDRESS <u>309 West Park</u> (If outside, give location)		
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Stella</u> Middle <u>S.</u> Last <u>Colvin</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>16</u> Year <u>1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 10, 1889</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Piasa, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>								
13. FATHER'S NAME <u>Gus Smithpott</u>				14. MOTHER'S MAIDEN NAME <u>Julia Howell</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>492-24-9087</u>		17. INFORMANT <u>May Colvin, Vandalia, Missouri</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>Brain Abscess</u> DUE TO (b) <u>Coronary Disease</u> DUE TO (c) <u>Diabetes</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>36 Hours</u> <u>Not known</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>								
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 <u>Mexico Mo</u>				
20g. COUNTY <u>Audrain</u>			20h. STATE <u>Missouri</u>					
21. I attended the deceased from <u>Aug 16-57</u> to <u>Aug 16-57</u> and last saw her <u>alive</u> on <u>Aug 16-57</u> . Death occurred at <u>Aug 16-57</u> ^{3:00} on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>J. A. Garrell D.O.</u> (Degree or title)				22b. ADDRESS <u>Mexico Mo</u>		22c. DATE SIGNED <u>Aug 19-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 19, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>		
24. FUNERAL DIRECTOR <u>William B. Waters</u>			ADDRESS <u>Vandalia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 19-1957</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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.....
Signature of Student Embalmer

Signed *William B. Waters*.....

Licensed Embalmer No. *4110*

P. O. Address *Vandalia*

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.