

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 027746  
2227 Registrar's No. 122

FILED AUG 28 1957

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2227

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> ✓	
b. CITY OR TOWN <b>RURAL Peculiar</b>		c. CITY OR TOWN <b>Peculiar Twp</b>	
c. LENGTH OF STAY (in this place) <b>90 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Coleman, Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>Coleman, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>ROBERT</b> c. (Last) <b>COLVILLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11, 1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept 27, 1863</b>		9. AGE (In years last birthday) <b>93</b>		IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Caseyville; Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>James Robert Colville</b>		13b. MOTHER'S MAIDEN NAME <b>Angelina Burkey</b>		14. NAME OF HUSBAND OR WIFE <b>Nannie D. Colville</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. R. Colville</b> ADDRESS <b>Peculiar, Mo.</b>	

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) <b>MYOCARDIAL INFARCTION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 HRS</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY OCCLUSION</b>		<b>8 HRS</b>	
		DUE TO (c) <b>CORONARY ATHEROSCLEROSIS</b>		<b>6 HRS</b>	
		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		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

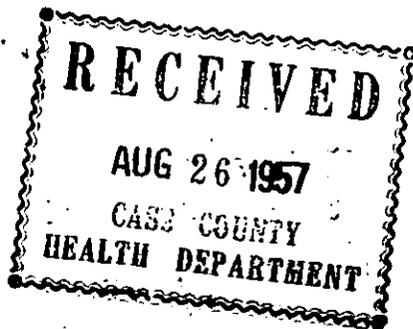
22. I hereby certify that I attended the deceased from Aug. 11, 1957 to Aug. 11, 1957, that I last saw the deceased alive on Aug. 11, 1957, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. C. [Signature]</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Harrisonville Mo.</b>		23c. DATE SIGNED <b>8-14-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 14, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wills Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Peculiar, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Aug 18, 1957</b>		REGISTRAR'S SIGNATURE <b>Nora Barwood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. K. George &amp; Sons</b> ADDRESS <b>Belton, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Richard E. George*

Licensed Embalmer No. 395

P. O. Address *Bellevue*

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.