

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34516**

FILED SEP 16 1957

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>6093</b>		Registrar's No. <b>140</b>			
1. PLACE OF DEATH a. COUNTY <b>Saline County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Marshall Twp.</b> )			c. LENGTH OF STAY (in this place) <b>41 yrs.</b>		c. CITY OR TOWN <b>Oregon</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State School, Marshall</b>				STREET ADDRESS (If rural, give location) <b>2440</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vira</b>			b. (Middle) <b>Alice</b>		c. (Last) <b>Colhour</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1957</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>July 12, 1903</b>		9. AGE (in years last birthday) <b>54</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Forbes, Holt Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James W. Colhour</b>			13b. MOTHER'S MAIDEN NAME <b>Ellen Prior</b>			14. NAME OF HUSBAND OR WIFE <b>None</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 ADDRESS <b>Missouri State School records, Marshall, 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.</b> MORBID CONDITIONS <b>Massive Cerebral Hemorrhage</b> OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b> <b>84 hr</b> <b>9 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>						20. AUTOPSY? <b>2</b> 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) (Min)		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 <b>Sept 1955</b> to <b>10 Sept 1957</b> , that I last saw the deceased alive on <b>9-12-57</b> , 1957, and that death occurred at <b>4:25 a. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Carl G. Read M.D.</b>				23b. ADDRESS <b>Marshall, Missouri</b>		23c. DATE SIGNED <b>9-12-1957</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-16-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State School Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saline County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>9-13-57</b>		REGISTRAR'S SIGNATURE <b>Carl G. Read</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Campbell-Lewis Marshall, Mo.</b>				

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

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... *R. W. Campbell Jr.*.....

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.