

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2324

STATE FILE NUMBER

FILED FEB. 5 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 13

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Doctor, Coroner, etc. must use only standard notations here in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clarksville</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>Pike Co. Hospital</u>		Length of stay in 1b <u>2 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>6</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>CALVIN</u> Last <u>COLBERT</u>				4. DATE OF DEATH <u>JAN. 26th 1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 20, 1880</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Worker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Railroad Worker</u>		11. BIRTHPLACE (City and state or country) <u>Pike Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>							
13. FATHER'S NAME <u>William Henry Colbert</u>				14. MOTHER'S MAIDEN NAME <u>Jane Moon</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>702-09-0790</u>		17. INFORMANT Address <u>Mrs. Henry Colbert, Clarksville, 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>Myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary occlusion</u> DUE TO (c) <u>coronary atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>D. urinary tract infection</u> <u>paralytic illness</u> <u>4201</u>							INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>immediate</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 _____ Month _____ Day _____ Year _____ 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>15 Jan 1958</u> to <u>26 Jan 1958</u> and last saw <u>him</u> alive on <u>25 Jan 1958</u> Death occurred at <u>8³⁰ AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John H. Hooker, M.D.</u>				22b. ADDRESS <u>Clarksville, Mo.</u>		22c. DATE SIGNED <u>27 Jan 58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/28/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clarksville, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Sterne Funeral Home, Louisiana, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 28, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	

(Licensed Embalmer's Statement on Reverse Side)

MS
MAY 28 1958

FEB 27 1958

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 *Virginia M. Stone*.....

Licensed Embalmer No. 469

P. O. Address *Richmond*

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.