

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-013044  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3.000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Schuyler		
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN Kirksville,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1003 S. Franklin		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frences Elvira Colegrove			4. DATE OF DEATH Month Day Year April 17 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIAGE STATUS WIDOWED <input checked="" type="checkbox"/> <del>MARRIED</del> <input type="checkbox"/> <del>SINGLE</del> <input type="checkbox"/> <del>DIVORCED</del> <input type="checkbox"/>	8. DATE OF BIRTH March 20 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Davis Co. Iowa 1		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME George York			14. MOTHER'S MAIDEN NAME Sarah Knoblet		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Mary Ertel, Greentop, Mo.		
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>medullary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>senility</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 4 hrs. 14 days -
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.) 331X				
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 12/28/56 to 4-17-58 and last saw her alive on 4-17-58 Death occurred at 9:50 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. E. Maddox (Deceased or title)			22b. ADDRESS 202 Kirksville Mo.		22c. DATE SIGNED 4/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORIUM	23d. LOCATION (City, town, or county) (State)		
Burial	April 20 1958	Greentop	Greentop, Schuyler, Mo.		
24. GENERAL DIRECTOR ADDRESS Dorothy E. Foster Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-1958	26. REGISTRAR'S SIGNATURE Dora W. Ratliff		

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
7-56USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AllM. Maddox  
10/28

35

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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.....  
*Novak Foster*

Licensed Embalmer No. 474

P. O. Address Kirksville

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.