

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031796

STATE FILE NUMBER

1025

FILED OCT 6 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wilson Nursing Home 2705 Lafayette St.		Length of stay in lb 25 yrs	d. STREET ADDRESS (If outside, give location) 2405 Duncan St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last NETTIE PEARL COLVILLE			4. DATE OF DEATH Month Day Year Sept. 17 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7, 1893	9. AGE (In years at birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Andrew County Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James Colville	13b. MOTHER'S MAIDEN NAME Agnes Howitt	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Eva Cook Address 2405 Duncan St. St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Left Lung</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cancer of Left Breast.</i>		<i>5 yrs</i>
	DUE TO (c) <i>170X</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>1949</i> to <i>9-17-58</i> and last saw her alive on <i>9-15-58</i> Death occurred at <i>4:35A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Dr. Wm P. Lentz</i>	22b. ADDRESS <i>2731 Jule</i>	22c. DATE SIGNED <i>Sept. 20-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-19-58	23c. NAME OF CEMETERY OR CREMATORY Empire Cemetery	23d. LOCATION (City, town, or county) (State) Andrew County Missouri
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24. FUNERAL DIRECTOR <i>Harold E. Goodell</i>	ADDRESS King City, Mo.	25. DATE RECD. BY LOCAL REG. <i>Sept 25, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4  
300  
1-57  
7 420

Dr. Wm P. Lentz

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 *Harold E. Hoedel* .....

Licensed Embalmer No. *4609* .....

P. O. Address. *King City, Mo.*

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.