

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007125

FILED VS FEB 23 1960 79

STATE FILE NUMBER

Registration District No. 79 Primary Registration District No. 4290 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>FOLEY</b>		Length of stay in 1b <b>YEARS</b>		c. CITY OR TOWN <b>FOLEY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 <b>WILLIAM</b> Middle <b>THOMAS</b> Last <b>COLBERT</b>						4. DATE OF DEATH Month <b>FEB.</b> Day <b>13,</b> Year <b>1960</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/24/02</b>		9. AGE (last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECTION FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BURLINGTON RAILROAD</b>		11. BIRTHPLACE (City and state or country) <b>RFD - <del>FOLEY</del> Troy, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>THOMAS W. COLBERT</b>			13b. MOTHER'S MAIDEN NAME <b>NANCY CROUCH</b>			14. NAME OF HUSBAND OR WIFE <b>BLANCHE (NEE BRISCOE)</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>RAILROAD 707-09-5160</b>		17. INFORMANT Address <b>BLANCHE COLBERT FOLEY, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>???</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____									
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 _____, to _____ and last saw her/him alive on _____ Death occurred at <b>1:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>[Signature] CORONER</b>				22b. ADDRESS <b>#51 Mohroe St. Troy, Mo.</b>			22c. DATE SIGNED <b>2/14/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>2-15-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CORINTH</b>		23d. LOCATION (City, town, or county) (State) <b>FOLEY, Mo.</b>			
24. FUNERAL DIRECTOR <b>O'GARLAN RICKS</b>			ADDRESS <b>ELSBERRY, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-1960</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 24

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 401

P. O. Address *Elsberry,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.