

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007809

FILED VS MAR 15 1960

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 95 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Washington</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre Mo.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Potosi, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Box 133</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Colson</u> Last <u>Colson</u>				4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1960</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. Year of Birth <u>1901</u>		9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Sligo Mo.</u>				11. BIRTHPLACE (City and state or country) <u>Sligo Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ira Colson</u>				13b. MOTHER'S MAIDEN NAME <u>Parthena Clemens</u>				14. NAME OF HUSBAND OR WIFE <u>Viola Colson</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>498-09-4575</u>				17. INFORMANT Address <u>Viola Colson Potosi 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>Bronchopneumonia</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aplastic anemia.</u>										<u>6 months</u>					
DUE TO (c) _____															
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 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 _____ 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 <u>9/15/59</u> to <u>3/6/60</u> and last saw <u>him</u> alive on <u>3/5/60</u> Death occurred at <u>7:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Edith W. Fullen</u> (Degree or title)						22b. ADDRESS <u>Bonne Terre, Missouri</u>			22c. DATE SIGNED <u>3/7/60</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-8-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Hills</u>				23d. LOCATION (City, town, or county) (State) <u>Potosi, Mo.</u>							
24. FUNERAL DIRECTOR <u>Oman Jenkins</u> ADDRESS <u>Potosi, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>Mar. 8, 1960</u>			26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 14 1961

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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck

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.