

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014241

FILED VS MAY 16 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 50 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp.		d. STREET ADDRESS (If outside, give location) 518 Mitchell Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH COLLEY			4. DATE OF DEATH Month Day Year May 8, 1960		
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/23/1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Easton, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Pius A. Kessler	13b. MOTHER'S MAIDEN NAME Dida Graves	14. NAME OF HUSBAND OR WIFE E. A. Colley
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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 Address Dr. E. A. Colley, 518 Mitchell, 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) Acute Coronary Infarction		INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension Severe.		Yrs
	DUE TO (c) Old Coronary Artery Disease		Yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Gen - Pulmonary Embolus	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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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 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
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21. I attended the deceased from 2-4-59 to 5-8-60 and last saw her alive on 5-3-60 Death occurred at 5:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Robert W. Kieker M.D.	22b. ADDRESS St. Joseph, Mo	22c. DATE SIGNED 5-10-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/11/1960	23c. NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery	23d. LOCATION (City, town, or county) (State) Easton, Missouri
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24. FUNERAL DIRECTOR ADDRESS Walter Bowman, St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. May 11, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell
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DOCUMENT

BY AFFIDAVIT OF

P. W. Kieker, M.D. MEDICAL CERTIFICATION

RECEIVED
T. M. M. P.

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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