

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-027551**  
STATE FILE NUMBER

FILED VS. JUL 20 1960 385

Registration District No. \_\_\_\_\_ Primary Registration District No. 3039 Registrar's No. 132

ENDED

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u>	Length of stay in 1b <u>2 weeks</u>	c. CITY OR TOWN <u>Bosworth</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>CECIL</u> Middle <u>EARL</u> Last <u>COLLEY</u>			4. DATE OF DEATH Month <u>June</u> Day <u>29</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. DATE OF BIRTH <u>6-22-1894</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u> Hours <u>   </u> Min. <u>   </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Rothville Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Marshall Colley</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Ann Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Velma Colley</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War One</u>	16. SOCIAL SECURITY NO. <u>497-36-6879</u>	17. INFORMANT <u>Mrs. Cecil E. Colley Bosworth, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
IMMEDIATE CAUSE (a) <u>Pneumonia</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Cardiac Insufficiency</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) <u>1) hepatic failure 2) pulm. Em. 3) Encephalomalacia</u>	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
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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.)
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 6-14-60 to 6-29-60 and last saw him <sup>alive</sup> on 6-29-60  
Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>George J. D.</u> (Degree or title)	22b. ADDRESS <u>MARCELINE MO.</u>	22c. DATE SIGNED <u>6-30-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremal</u>	23b. DATE <u>July 1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>
24. FUNERAL DIRECTOR <u>Leopard &amp; Edwards Bosworth, Mo</u> ADDRESS		23d. LOCATION (City, town, or county) (State) <u>Rothville, Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>6-30-60</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 I & WY SA

**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 David J. Edwards

Licensed Embalmer No. 32657

P. O. Address Bonwith

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.