

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-037426

STATE FILE NUMBER

FILED VS. NOV 14 1960 38 Primary Registration District No. 3006 Registrar's No. 612

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Col umbia</b>		Length of stay in lb <b>Tran.</b>	c. CITY OR TOWN <b>Chester</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 <b>U. Of Mo. Medical Center</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1019 Fredrick St.</b>		
3. NAME OF DECEASED (Type or print) First <b>Daniel</b> Middle <b>N.</b> Last <b>Colbert</b>			4. DATE OF DEATH Month <b>November</b> Day <b>5,</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/29/1907</b>	9. AGE (last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service station</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and state or country) <b>Chester, Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Colbert</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Bearie</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</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>330-28-4951</b>		17. INFORMANT Address <b>Oscar Schroeder, Chester, Ill</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>Arteriosclerotic Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 <b>1:30</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Coroner's Case</b> and last saw <sup>her</sup> him alive on _____ Death occurred at <b>ca 1:30 P.M. 11-5-60</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Richard E Johnson, M.D.</b>		22b. ADDRESS <b>Columbia, Mo</b>		22c. DATE SIGNED <b>11-5-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11/5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Chester, Illinois</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Lyman Sprinkle, Columbia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 5, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_ Signed Lymon H. Spauld  
Signature of Student Embalmer

Licensed Embalmer No. 4015

P. O. Address Coler

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