

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025894

STATE FILE NUMBER

Registration District No. 281 Primary Registration District No. 3099 Registrar's No. 24

1. PLACE OF DEATH
 a. COUNTY Linn
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield Length of stay in lb 4 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 116 South Caldwell Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Linn
 c. CITY OR TOWN Brookfield Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 116 South Caldwell Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last DOLLIE RUTH COLYER
4. DATE OF DEATH Month Day Year August 4, 1961
5. SEX Female
6. COLOR OR RACE White
7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 8/18/1887
9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 8 Days 17 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY in own home
11. BIRTHPLACE (City and state or country) Goldberry, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry Clay Lile
13b. MOTHER'S MAIDEN NAME Margaret Davis
14. NAME OF HUSBAND OR WIFE Wm H. Colyer (deceased)
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 Robert L. Colyer, Brookfield, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Pneumonia
 DUE TO (b)
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Malnutrition
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 2 days

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT **SUICIDE** **HOMICIDE**
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**
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 1959 to 8-4-61 and last saw her him alive on 8-4-61
 Death occurred at 9:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. J. Howell M.D.
22b. ADDRESS Brookfield, Mo.
22c. DATE SIGNED 8-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 6, 1961
23c. NAME OF CEMETERY OR CREMATORY Helton Cemetery
23d. LOCATION (City, town, or county) (State) Goldberry, Missouri
24. FUNERAL DIRECTOR ADDRESS Hill Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG. 8-7-61
26. REGISTRAR'S SIGNATURE Anna Wilson

(Licensed Embalmer's Statement on Reverse Side)

DEED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

AUG 17 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 Gerald E. Wady

Licensed Embalmer No. 4172
P. O. Address Rowing

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.