

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035628
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 87

FILED SEP 19 1961

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		Length of stay in 1b <u>3 1/2</u> wks.	c. CITY OR TOWN <u>Cabool</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas County Mem. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Cabool</u>
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>Louella</u> Last <u>Colborn</u>		4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>1961</u>	
5. SEX <u>female</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>4/10/1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>74</u>
11. BIRTHPLACE (City and state or country) <u>Houston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James House</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Florida</u>	14. NAME OF HUSBAND OR WIFE <u>Guy Colborn</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>none</u>	17. INFORMANT <u>Alta Gilreath, Golden City, 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>Acute + Extensive Cerebral Vasculor Hemorrhage Sudden</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensinal Arteriosclerotic Degenerative</u> DUE TO (c) <u>Decompensated Heart Disease grade IV</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Semility</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <u>6:10</u> Month, Day, Year <u>May 10, 1949</u>			
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>May 10, 1949</u> to <u>9/4/61</u> and last saw her <u>live</u> on <u>9/4/61</u> Death occurred at <u>6:10</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Burns, md</u> (Deceased or title)		22b. ADDRESS <u>Houston Mo.</u>	22c. DATE SIGNED <u>9/6/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>9/6/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bado Cemetery</u>	23d. LOCATION (City, town, or county) <u>Texas County, Mo.</u>
24. FUNERAL DIRECTOR <u>Elliott-Gentry Funeral Home, Cabool</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig M.D.</u>

DATE AMENDED

INSTEAD OF THIS RECORD AND AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James L. Dentry

Licensed Embalmer No. 4718

P. O. Address Calbrook, W.Va.

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.