

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002872

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 16

STATE FILE NUMBER

AMENDED

Registration District No. 251  
**FILED JAN 15 1962**

|  |   |   |   |   |   |                                   |         |
|--|---|---|---|---|---|-----------------------------------|---------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Nodaway</b> |   |   |                                   |         |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Maryville</b>  |   | Length of stay in 1b<br><b>2 days</b>   | c. CITY OR TOWN <b>Elmo</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                   |         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS <b>none</b>   |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                   |         |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MABEL</b> Middle <b>COLVIN</b> Last <b>COLVIN</b>  |   |   | 4. DATE OF DEATH<br>Month <b>1</b> Day <b>7</b> Year <b>62</b>  |   |   |                                   |         |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>10/2/97</b>                                    | 9. AGE (last birthday)<br><b>64</b>   |                                   |         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Nurse Aide - retired</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Nursing</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Elmo, Missouri</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>none</b>  |                                   |         |
| 13a. FATHER'S NAME<br><b>William I. Colvin</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Flora Mabry</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>none</b>                            |   |                                   |         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br><b>Miss Myrtle Colvin, Elmo, Missouri</b><br>Address |   |                                   |         |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a): <b>Carcinomatosis</b><br>DUE TO (b): <b>Carcinoma of Cecum</b><br>DUE TO (c):<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 months</b><br><b>2 yrs</b>   |                                   |         |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |         |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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<br><b>Maryville, Missouri</b>  |                                   | STATE   |
| 21. I attended the deceased from <b>5/26/60</b> <b>1:40</b> A. to <b>1/7/62</b> and last saw her <b>alive</b> on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |   |   |                                   |         |
| 22a. SIGNATURE<br><b>B. G. Bland</b> (Degree or Title) <b>M. D.</b>  |   |   |   | 22b. ADDRESS<br><b>Maryville, Missouri</b>                            |   | 22c. DATE SIGNED<br><b>1/8/62</b> |         |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |   | 23b. DATE<br><b>1/9/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>LaMar</b>  |   | 23d. LOCATION (City, town, or county)<br><b>Elmo, Missouri</b>  |                                   | (State) |
| 24. FUNERAL DIRECTOR<br><b>Price Funeral Home, Maryville, Mo.</b>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-8-62</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Bess Bolt</b>   |                                   |         |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.