

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047555

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 187

FILED DEC 26 1962

VS 300  
Rev. 4/59

10550  
20550

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lawrence</b>  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vineyard</b>   |   | Length of stay in 1b <b>many yrs.</b>  | c. CITY OR TOWN <b>LaRussell, Mo.</b>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural Rte.</b>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>Rural Rte.</b>  |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Clara Bell Colley</b>  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>December 17 1962</b>  |  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><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<br><b>8/22/1878</b>   | 9. AGE (last birthday) <b>84</b>                                       | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><b>Lawrence Co. Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Henry Boyd</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Wooten</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>T.R. Colley, De'd.</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.<br><b>none</b>   | 17. INFORMANT<br><b>Lawrence Colley, LaRussell, Mo.</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Failure</b>  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hr</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Coronary Vascular disease</b>   |   |  |  |  |  |  |
| DUE TO (c) <b>cardiomegaly</b>  |   |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Coronary Arteriosclerosis</b>   |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<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   |  | COUNTY STATE   |  |  |
| 21. I attended the deceased from <b>5/3/55</b> , to <b>12/17/62</b> and last saw her/him alive on <b>12-17-62</b><br>Death occurred at <b>4 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |  |  |  |
| 22a. SIGNATURE<br><b>A. J. Graves</b> (Degree or title)   |   |  | 22b. ADDRESS<br><b>M. D. Mt. Vernon, Missouri</b>  |  | 22c. DATE SIGNED<br><b>12/18/62</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>12/19/62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Colley Cemetery</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>LaRussell, Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR<br><b>Max L. Fossett</b> ADDRESS <b>Mt. Vernon, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-19-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Ray Hanthorn</b>   |  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, Mo

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.