

MAY 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15874
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 783
 (b) Township Huntsville Primary Registration District No. 4438 Registered No.
 (c) City Huntsville (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME OBIE. HOP. COLLEY

(a) Residence, No. 9 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Colley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20, 1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 6 0
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Painter & Paper
 10. Date deceased last worked at this occupation (month and year) Aug 1939 Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939, to April 19, 1939
 I last saw him alive on April 19, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Angina Pectoris
Hypertension
 Date of onset 4/19/39
D.K.

Other contributory causes of importance:
Hypertension
 Name of operation none Date of
 What test confirmed diagnosis? Exam. Was there an autopsy? no.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co
 13. NAME David Colley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Augusta Dameron
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co
 17. INFORMANT (ADDRESS) Mrs Emma Colley
 18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE April 21, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Vetter
Huntsville Mo

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Philip W. Oye, M. D.
 (Address) Huntsville Mo.

20. FILED 19..... Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-39-909

Date Filed MAY 3 1939

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell

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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15-874
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 733
 (b) Township _____ Primary Registration District No. 4438 Registered No. _____
 (c) City Huntsville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Chie. Wap. Colley
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Colley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter and Paper Hangers

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

FATHER 13. NAME David Colley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Agusta Cameron
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

17. INFORMANT (ADDRESS) Mrs Emma Colley
Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Apr 21 1939

19. FUNERAL DIRECTOR (ADDRESS) Tom Patton
Huntsville Mo

20. FILED May-1-1939 W. S. Barnhart
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1939

22. I HEREBY CERTIFY, That I attended deceased from April 19 1939 to Apr 19 1939
 I last saw him alive on Apr 19 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Myocardial Infarction
Hypertension
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? Espan Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Philip V. Dreyer, M. D.
 (Address) Huntsville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented, including the date, amount, and purpose of the transaction. This ensures transparency and allows for easy reconciliation of accounts.

In the second section, the author outlines the various methods used to collect and analyze data. This includes direct observation, interviews with key personnel, and the use of specialized software tools. The goal is to gather comprehensive information that can be used to identify trends and areas for improvement.

The third section provides a detailed overview of the findings from the data analysis. It highlights several key areas where performance is strong, as well as specific challenges that need to be addressed. The author suggests several strategies to overcome these challenges and improve overall efficiency.

Finally, the document concludes with a series of recommendations for future action. These include implementing new processes, providing additional training for staff, and establishing regular communication channels to monitor progress. The author expresses confidence that these steps will lead to significant improvements in the organization's performance.