

FILED APR 28 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13973
State File No. _____
Registrar's No. 60

Registration District No. 157

Primary Registration District No. 5222

19
0
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Pleasant Hill, Rural Big Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether)

In this community: life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass 19

(c) City or town: Rural Pleasant Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No.: 7 mi West Pleasant Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: CHARLES CARROL COLVILLE

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19
year 42 hour 3 minute P.M.

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Joak Colville

6. (c) Age of husband or wife if alive: 72 years

Birth date of deceased: Aug 12 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 17 1942 to Apr. 19 1942
that I last saw him alive on Apr. 17 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>8</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death: Myocardial Regurgitation
arterio-sclerosis

9. Birthplace: St. Clair Co Illinois
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation: Farmer

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business: _____

MOTHER FATHER { 12. Name: James R. Colville

13. Birthplace: Ill.
(City, town, or county) (State or foreign country)

14. Maiden name: Angelene Bursley

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

Major findings: 92b
Of operations: _____

Of autopsy: _____

16. (a) Informant: Mrs. Chas. C. Colville

(b) Address: P.R. Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof: Apr. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wells Cemetery, Peculiar, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: E. T. Brown

(b) Address: Bloomington

19. (a) 4-23-42 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury: D

23. Signature: V. Murray (M. D. or other) _____

Address: Pleasant Hill, Mo Date signed: 4/20/42

*the name of
Pleasant Hill*

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 *G. N. George*

Licensed Embalmer No. *3645*

P. O. Address *Grandview 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 this body is not embalmed, above space should be left blank.