

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1949

State File No. 3697

BIRTH NO. _____		REG. DIST. NO. 325'		PRIMARY REG. DIST. NO. 4480		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Schuyler 98				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop, Mo.		c. LENGTH OF STAY (In this place) 45 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Greentop, Missouri				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Fred			b. (Middle) Colegrove			c. (Last) Colegrove		
4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 1949								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 7, 1877	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John H. Colegrove		13b. MOTHER'S MAIDEN NAME Mercy Walker		14. NAME OF HUSBAND OR WIFE Frances Elvira York				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances E. Colegrove, Greentop, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Sept. 13, 1948, to Jan. 28, 1949, that I last saw the deceased alive on Jan. 28, 1949, and that death occurred at 11:25 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. W. Bradley, D.O.			23b. ADDRESS Queen City, Mo.			23c. DATE SIGNED 12/30/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/49		24c. NAME OF CEMETERY OR CREMATORY Greentop CEM.		24d. LOCATION (City, town, or county) (State) Greentop, Missouri		
DATE REC'D BY LOCAL REG. Feb 4 - 49		REGISTRAR'S SIGNATURE Mrs. R. J. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 24926

Date Filed FEB 8 - 1949

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
Student Embalmer

Signed Ray H. Mason

Licensed Embalmer No. 4432

P. O. Address Kirksville, Missouri

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, fact should be so stated above.