

STANDARD CERTIFICATE OF DEATH

FILED APR 20 1949

State File No. ....

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>GILLIAM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>T.</u> b. (Middle) <u>A.</u> c. (Last) <u>COLSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 11 1949</u>	
5. SEX <u>mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>3</u>	8. DATE OF BIRTH <u>Dec 8-1868</u>
9. AGE (In years last birthday) <u>80</u>		10. <u>4</u> IF UNDER 1 YEAR Days	11. <u>3</u> IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dalton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>u s</u>		13a. FATHER'S NAME <u>GEORGE COLSON</u>	
13b. MOTHER'S MAIDEN NAME <u>JULIA STINK</u>		14. NAME OF HUSBAND OR WIFE <u>DK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.S. Colson</u> ADDRESS <u>GILLIAM</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. myocarditis</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Apr 5 1949</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>4/5</u> <sup>1949</sup> to <u>4/11</u> , 19 <u>49</u> that I last saw the deceased alive on <u>4/11/49</u> , 19 <u>49</u> , and that death occurred at <u>240</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W.C. Caldwell M.D.</u>		23b. ADDRESS <u>State Hos. Fulton Mo</u>	
23c. DATE SIGNED <u>4/11/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April-13-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashbury, Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Forest Green, Mo (Rural)</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Audsley</u> ADDRESS <u>Farmington, Mo</u>	
DATE REC'D BY LOCAL REG. <u>April-11-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embalmer's Statement of Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number

APR 19 1949

Date Filed

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

J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow, N.

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.