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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18528**

FILED JUN 22 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>507 East Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 East Monroe</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>Colbertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 19, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Abraham Lifer</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Baley</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. P. Colbertson</u>	ADDRESS <u>507 East Monroe Mexico, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>2 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Nephritis</u>		<u>3 yrs</u>
	DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		<u>4221</u>	

19a. DATE OF OPERATION <u>-----</u>	19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>-----</u>
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22. I hereby certify that I attended the deceased from 3/13, 1947, to 6/17, 1949, that I last saw the deceased alive on 6/17, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. L. Sawyer, M.D.</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>6/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 14-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shlanker</u>	ADDRESS <u>Montgomery City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2004-28-1108  
2004-28-1108

RECEIVED

District Health Officer N

District File Number 6-49-1

Date Filed JUN 20 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.

Signed W. Brown Schlanker

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4136

P. O. Address Montgomery City,

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.