U.S. No. 300
Rev. 10.48

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

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34234

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5608 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Holden Mo
c. LENGTH OF STAY (in this place): none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #131 Holden Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Centerview, Mo
d. STREET ADDRESS (If rural, give location): Centerview, Mo

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle): MAE
c. (Last): COLSTER

4. DATE OF DEATH (Month) (Day) (Year): OCT 9 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 14 1915
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 10, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: S. T. Bransteitter
13b. MOTHER'S MAIDEN NAME: Eva Thomas
14. NAME OF HUSBAND OR WIFE: John Robert Colster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: S. T. Bransteitter — ADDRESS: Centerview Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): received in Automobile
DUE TO (c): accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8224 / 32

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #131 South
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Holden Johnson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 9 1949 2:15 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car Overturned US1

22. *I hereby certify that I attended the deceased from* did Not attend, 19___, *that I last saw the deceased* DEAD *on* OCT 9, 1949, *and that death occurred at* 2:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Rawlins M.D. Coroner
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 9/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 13 1949
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cem
24d. LOCATION (City, town, or county) (State): Warrensburg Mo

DATE REC'D BY LOCAL REG.: 10-13-49
REGISTRAR'S SIGNATURE: Mrs G V Redford 120
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Kopp — ADDRESS: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1951

OCT 20 1951

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 Lewis Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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, fact should be so stated above.