

FILED DEC 4 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37548

BIRTH NO. REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY JOHNSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROSE HILL
c. LENGTH OF STAY (in this place) 20 YRS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PR #4 HILDEN MISSOURI

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JOHNSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0510 PR #4 HOLDEN MO
d. STREET ADDRESS (If rural, give location) RISE HILL TWP.

3. NAME OF DECEASED (Type or Print)
a. (First) NANCY b. (Middle) IRVEN c. (Last) COURTNEY

4. DATE OF DEATH (Month) (Day) (Year)
NOV 17 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH SEPT 15 1867

9. AGE (In years last birthday) 83
UNDER 1 YEAR Months 2
UNDER 6 HRS. Days 2

11. BIRTHPLACE (State or foreign country) FALMOUTH KY
12. CITIZEN OF WHAT COUNTRY? USA.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

13a. FATHER'S NAME AUGUSTIN R. COLVIN
13b. MOTHER'S MAIDEN NAME SYDNEY HUDNELL
14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Bertrude Timma Holden Mrs

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) Cerebral Hemorrhage
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. Gen. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
33 IX

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES NO

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 WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1950, to Nov 17, 1950, that I last saw the deceased alive on Nov 16, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D.

23b. ADDRESS Holden Mo

23c. DATE SIGNED 11/20/50

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 11-19-1950

24c. NAME OF CEMETERY OR CREMATORY Strasing Cem

24d. LOCATION (City, town, or county) (State) Strasing Mo.

DATE REC'D BY LOCAL REG. 11-28-50

REGISTRAR'S SIGNATURE Mrs H D Redford

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Carrigan & Sons Holden Mo

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

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 Samuel B. Rapp

Licensed Embalmer No. 4044

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.