

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17477
Registrar's No. 127

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. Y384

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Skidmore</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Skidmore</u> 0740	
c. LENGTH OF STAY (to this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Perry</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Colwell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-25-1951</u>
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5. SEX <u>male</u>	6. COLOR OF SKIN <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-14-1873</u>	9. AGE (to years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm-</u>	11. BIRTHPLACE (State or foreign country) <u>Holt Co - Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Henry Colwell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Hanson</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie M. Colwell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jennie M. Colwell-Skidmore-Mo</u>	ADDRESS
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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, asthenia, 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>Cerebral Accident</u>		<u>1/2 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>5-10 years</u> "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Aug 27, 1948, to May 25, 1951, that I last saw the deceased alive on May 27, 1951, and that death occurred at 8:35A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold E. G. Walker, D.O.</u>	23b. ADDRESS <u>Skidmore, Missouri</u>	23c. DATE SIGNED <u>5/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cem-</u>	24d. LOCATION (City, town, or county) (State) <u>Skidmore - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-2-51</u>	REGISTRAR'S SIGNATURE <u>Leslie Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Scherer</u>	ADDRESS <u>Maryville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1740



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 *G. M. Atkinson*

Licensed Embalmer No. 2279

P. O. Address *Hayville, 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.