

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison	0510
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. R.R. & Holden St.		d. STREET ADDRESS (If rural, give location) RFD 3 Holden Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Henry c. (Last) Colster			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson, Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A	
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13a. FATHER'S NAME John Colster		13b. MOTHER'S MAIDEN NAME Maggie Bellman		14. NAME OF HUSBAND OR WIFE Pearl Colster	
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME J. R. Colister, Centerview, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Head Injuries				Sudden	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Received When Train hit His Car					
		DUE TO (c)					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) Hit by R.R. Engine	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Railroad Crossing	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-3-52 12:45 Pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Engine hit His Car on Crossing on Holden St, Warrensburg
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22. I hereby certify that I attended the deceased from dead when I first saw him 12:19 to 12:45 Pm, 1952, and that death occurred at 12:45 Pm, 1952, from the causes and on the date stated above.

23a. SIGNATURE Kelly Rawlins M.D. Coroner Johnson Co		23b. ADDRESS		23c. DATE SIGNED Jan. 3, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-6-52	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
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DATE REC'D BY LOCAL REG. Jan. 7, 1952	REGISTRAR'S SIGNATURE Savannah R. Deitch	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips, Warrensburg.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

513

2-13-52

RECEIVED  
JAN 7 1952  
JOHNSON COUNTY HEALTH DEPT.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.