

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8309

State File No.

1265

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		78	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>830 Euclid Ave</u>		d. STREET ADDRESS (If rural, give location) <u>830 Euclid Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) _____ c. (Last) Colbert 4. DATE OF DEATH (Month) (Day) (Year) March 12 1952

5. SEX Female 6. COLOR OR RACE Col- 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH July 6 1865 9. AGE (In years last birthday) 86 10. MONTHS _____ 11. DAYS _____ 12. HOURS _____ 13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Sulphur Springs Tex 12. CITIZEN OF WHAT COUNTRY? U.S.-A

13a. FATHER'S NAME Samuel Beck 13b. MOTHER'S MAIDEN NAME Charity 14. NAME OF HUSBAND OR ~~WIFE~~ Henry Colbert (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 Veola Biggins ADDRESS 830 Euclid

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) Hypertension

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

4201

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) Jackson Miss

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Aug 10, 1950, to 3/12, 1952, that I last saw the deceased alive on 1/17/52 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Turner MD (Degree or title) 23b. ADDRESS 1614 E 12 23c. DATE SIGNED 3/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE March 18 52 24c. NAME OF CEMETERY OR CREMATORY Okanmulgee 24d. LOCATION (City, town, or county) (State) Oklahoma

DATE REC'D BY LOCAL REG. 3-18-52 REGISTRAR'S SIGNATURE Realding Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Wrest Appleton & Jones ADDRESS K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

008

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626929

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.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2710

P. O. Address Kansas 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.