

No. 300
10.48

SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32473

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 292

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte (Rural)	
c. LENGTH OF STAY (In this place) 5wks		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial			

3. NAME OF DECEASED (Type or Print)	a. (First) Lillian	b. (Middle) Ellen	c. (Last) Colwell	4. DATE OF DEATH (Month) (Day) (Year) 9 17 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31 1910	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Preach	13b. MOTHER'S MAIDEN NAME Louise Jacobs	14. NAME OF HUSBAND OR WIFE Logan Colwell LaMonte Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Logan Colwell LaMonte Mo	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerular nephritis		
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus 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 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) 260X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 13, 1952, to Sept 17, 1952, that I last saw the deceased alive on Sept 17, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. Edwards M.D. (Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 9-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-52	24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery	24d. LOCATION (City, town, or county) (State) LaMonte Mo.
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DATE REC'D BY LOCAL REG. 9-19-1952	REGISTRAR'S SIGNATURE R. J. Campbell M.D.	FUNERAL DIRECTOR'S SIGNATURE Paul M. More LaMonte Mo	ADDRESS
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251-0 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 0 1952

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.