

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42274
Registrar's No. 11192

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42274		Registrar's No. 11192			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Louisville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital				e. STREET ADDRESS (If rural, give location) 8120 8							
3. NAME OF DECEASED (Type or Print) Maudie			a. (First)		b. (Middle)		c. (Last) Colclasure		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1954		
5. SEX female		6. COLOR (OR RACE) white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH June 19, 1890		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR: Months 5 Days 19 Hours 19 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Iola, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Nathan Bishop			13b. MOTHER'S MAIDEN NAME Jane Hockman			14. NAME OF HUSBAND OR WIFE Perry Colclasure					
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 Mrs. Frank Combs ADDRESS Louisville, Illinois						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRAIN TUMOR, MALIGNANT - REPT. PARENTAL ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 4 months		
19a. DATE OF OPERATION Dec 8, 54		19b. MAJOR FINDINGS OF OPERATION BRAIN TUMOR, MALIGNANT							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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? 193X							
22. I hereby certify that I attended the deceased from Dec 2, 1954 , to Dec 7, 1954 , that I last saw the deceased alive on Dec 7, 1954 , and that death occurred at 6:30 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) George E. Hartsman, Jr. M.D.					23b. ADDRESS 607 N. Grand St. Louisville, Mo.			23c. DATE SIGNED Dec. 8, 54			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12-8-54		24c. NAME OF CEMETERY OR CREMATORY _____			24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois				
DATE REC'D BY LOCAL REG. DEC 8 1954		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. GENERAL DIRECTOR'S SIGNATURE Charles Burrus			ADDRESS St. Louis, Ill.			

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

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Charles G. Harris

Licensed Embalmer No. 486

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.