

1955 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1596**

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 4267		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. LENGTH OF STAY (In this place) 46 yrs.		c. CITY OR TOWN Odessa		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 05400					
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) W.		c. (Last) Colvin			
				4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Sept. 11, 1876			
				9. AGE (In years) (Month) (Day) (Year) 78		IF UNDER 1 YEAR: Months _____ Days _____			
						IF UNDER 24 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co. Mo. 0			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME Robert S. Colvin		13b. MOTHER'S MAIDEN NAME Flacia A. Files		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME J. E. Colvin, Kansas City, Mo.				ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Hypertension							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input 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? _____					
22. I hereby certify that I attended the deceased from 1-1-1955 to 1-30-1955 , that I last saw the deceased alive on 1-30-1955 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE _____ (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED 1/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) (State) Odessa, Mo.			
DATE REC'D BY LOCAL REG. 1/31/1955		REGISTRAR'S SIGNATURE Emma Davidson		453-10		25. FUNERAL DIRECTOR'S SIGNATURE Human Sparks ADDRESS Odessa, Mo. George L. Human			

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

832 72 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.....
Signature of Student Embalmer

Signed *William T. Sparrow*

Licensed Embalmer No. *# 4*

P. O. Address *Odessa*

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.