

FILED JAN 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1719

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4311 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Callao</u>		c. CITY OR TOWN <u>Callao</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IVY</u> b. (Middle) <u>SENFORD</u> c. (Last) <u>Colman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-55</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-24-25</u>	9. AGE (In years last birthday) <u>29</u>	# UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Callao Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Colman</u>		13b. MOTHER'S MAIDEN NAME <u>MURLEY</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mabel Colman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Colman</u>		17. ADDRESS <u>Callao Mo</u>			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Disease</u>			
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 <u>4200</u>		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?	

22. I hereby certify that I attended the deceased from 8-24, 1954, to 1-8-, 1955 that I last saw the deceased alive on 1-8-, 1955 and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. L. Dunder D.O.</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>1/15/54</u>
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>1-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Grove</u>
24d. LOCATION (City, town, or county) <u>Callao Mo</u>		24e. (State)

DATE REC'D BY LOCAL REG. <u>1/16/55</u>		REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Edward Brewer</u>	
				ADDRESS <u>Mo</u>	

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

SEP 9 1957

RECEIVED 1-20-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 1-55-3

Date Filed 1-22-55
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 *H. J. Edwards*.....

Licensed Embalmer No. 1961

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