

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3545**

FILED FEB 8 - 1955

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **17**

1. PLACE OF DEATH
a. COUNTY **Saline**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Saline** Marshall
c. CITY OR TOWN **Rural** d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) **Carrie** b. (Middle) **Lucy** c. (Last) **Colvert**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 29 1955

5. SEX Female Male
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Feb. 19, 1886**
9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months **11** Days **10** IF UNDER 24 HRS. Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **Own Home**
11. BIRTHPLACE (City and State or Foreign Country) **6 Mi S. East of Marshall, Mo.**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Bradley McFadden**
13b. MOTHER'S MAIDEN NAME **Lucy Martin**
14. NAME OF HUSBAND OR WIFE **Claude Colvert**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **None**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Lutie Crick-Corder, Missouri**

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, assthenia, etc. It means the disease, injury, or complication which caused death.**

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary Arteriosclerosis**
DUE TO (c) **Hypertensive Heart Disease**
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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 **June 1954** to **Jan 29, 1955**, that I last saw the deceased alive on **Jan 29, 1955** and that death occurred at **1:07 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert Kennedy, MD**
23b. ADDRESS **Marshall Mo**
23c. DATE SIGNED **1-31-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **1/31/55**
24c. NAME OF CEMETERY OR CREMATORY **Ridge Park Cem.**
24d. LOCATION (City, town, or county) (State) **Marshall, Missouri**

DATE REC'D BY LOCAL REG. **1-31-55**
REGISTRAR'S SIGNATURE **Carl E. Reed - Deputy**
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Healy Swartz - Marshall, Mo**
(Licensed Embalmers' Statement on Reverse Side)

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

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..... *J. Leahia Swanson*

Licensed Embalmer No. *323*

P. O. Address *Marshall,*

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.