

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22899**

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5760** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Rock Island	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Fabius Twp.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Moline
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 246 1/2 36 St.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles Edward b. (Middle) Colbert c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 7 14 55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 10/16/45	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months 7 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Moline, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Harry Raymond Colbert	13b. MOTHER'S MAIDEN NAME Mary Catherine Anderson	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Wisdom, 424 Railroad Av./Moline, Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Inquest Pending DUE TO (c) Verdict of Jury		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. "by the two cars colliding which was unavoidable."			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION which was unavoidable.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) U. S. Hwy. #61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fabius Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/14/55 6:10 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.M. O'Donnell Coroner	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 7/16/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/55	24c. NAME OF CEMETERY OR CREMATORY Cornerstone Cemetery
24d. LOCATION (City, town, or county) (State) Lincoln County Whiteside, Missouri		

DATE REC'D BY LOCAL REG. 7/18/55	REGISTRAR'S SIGNATURE Dr. E.M. Lucke, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Sprague	ADDRESS Palmyra, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

RECEIVED **MAG 13 1955**
MARION CO. HEALTH DEPT.
DATE FILED **MAG 13 1955**

NOV 15 1955

OCT 8 1955

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. M. O'Donnell*

Licensed Embalmer No.... 3885

P. O. Address... Hannibal, 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.