

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22901

State File No.

FILED AUG 15 1955

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5261 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Liberty</u>) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Rock Island</u> c. CITY OR TOWN <u>Moline</u> 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) <u>246 1/2 36 Street</u> <u>§1208</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>R.</u> c. (Last) <u>Colbert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>14</u> <u>55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>12/18/50</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Moline, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Harry Raymond Colbert</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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 ADDRESS <u>Virginia Wisdon, 424 Railroad Ave. Moline, Ill</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Inquest pending</u> DUE TO (c) <u>Verdict of Jury</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>"by the two cars colliding which was unavoidable." EB164</u>		INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U. S. Hwy. #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty</u> (COUNTY) <u>Marion Mo.</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/14/55 6:10 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>

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) <u>D. M. O'Donnell</u>	23b. ADDRESS <u>Hannibal, Missouri</u>	23c. DATE SIGNED <u>7/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/18/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cornerstone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Whiteside, Lincoln Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7/18/55</u>	REGISTRAR'S SIGNATURE <u>E. M. Lusk, by Debra Beardsley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. J. Spurgeon</u> <u>Palmyra, Mo.</u>
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(Signature of Informant's Statement on Reverse Side)

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

NOV 7 1955

OCT 6 1955
MAR 30 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, ~~XXXX~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *George M. Lewis*

Licensed Embalmer No. *485*

P. O. Address *Palmyra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.