FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30557
STATE FILE NUMBER

Registration District No. 339 Primary Registration District No. 4499 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbina — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lewis
c. CITY OR TOWN: LaBelle — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Lyda Middle: Mae Last: Colby
4. DATE OF DEATH: Month August Day 26th Year 1957
5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Dec 10th 1884
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 8 Days 16 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (City and state or country): Knox County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wallace Colby
14. MOTHER'S MAIDEN NAME: Nettie Harris
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.: —
17. INFORMANT: Address: Mrs Jeanette Florence Shelbina Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): acute Nephritis — 1 week
DUE TO (c): Chronic Nephritis — 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 592X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 24-57, to Aug 26 and last saw her/him alive on Aug 25-57
Death occurred at 2 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. L. Caldwell D.O. (Degree or title)
22b. ADDRESS: Shelbina Mo
22c. DATE SIGNED: Aug 26/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/28/57
23c. NAME OF CEMETERY OR CREMATORY: LaBelle Cemetery
23d. LOCATION (City, town, or county) (State): LaBelle Mo

24. FUNERAL DIRECTOR ADDRESS: Barkelew & Davis Shelbina Mo
25. DATE RECD. BY LOCAL REG.: Aug 26-57
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

SEP 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry A. Barkelew

Licensed Embalmer No. 38

P. O. Address Shellman

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