FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33352

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8677

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Childrens Hospital — Length of stay in Ib: 24

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois, b. COUNTY: Tazewell
c. CITY OR TOWN: East Peoria — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2620 Fon Du Lac Drive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Michael; Middle: T.; Last: Colbert
4. DATE OF DEATH: Month: Sept.; Day: 14; Year: 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 20, 1954
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Peoria, Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Donald R. Colbert
14. MOTHER'S MAIDEN NAME: Carolyn Coyle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Donald Colbert, East Peoria, Illinois,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 1. Pulmonary oedema; 2. 3° burns of approximately 78% of the body, suffered when tank of gasoline fell from truck and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) exploded, igniting car in which deceased was riding,
DUE TO (c) following collision between truck operated by one Campbell and truck operated by one Huth, in vicinity of Peoria, Illinois (Peoria County) about 11:55 P.M. Aug. 26, 1957.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
EXACT CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.

19. WAS AUTOPSY (PERFORMED)? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OPEN VERDICT. See above
20c. TIME OF INJURY Hour a. m. p. m. 11:55P Month, Day, Year 8/26/57
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.): see above
20f. CITY, TOWN, OR LOCATION: Peoria County, Illinois — COUNTY — STATE

21. I attended the deceased from 7:10A., to _____ and last saw her/him alive on _____. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick E. Taylor Carson (Degree or title)
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 9-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-14-57
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): East Peoria, Illinois,

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington,
25. DATE RECD. BY LOCAL REG.: SEP 16 57
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(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.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John J. Haine

Licensed Embalmer No. 41

P. O. Address St Louis

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.