

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035276

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 134

FILED SEP 30 1958

S. 300  
y. 1-57

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Kansas City</b> <b>3218 c</b>	
c. FULL NAME OF DECEASED (If in hospital, give location) <b>Nevada State Hospital #3</b>		d. STREET ADDRESS <b>6035 E 15th.</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>12-5-13</b>			

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle Last <b>Colbart</b>			4. DATE OF DEATH Month <b>9</b> Day <b>23</b> Year <b>1958</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-11-1899</b>	9. AGE (In years last birthday) <b>58</b>	FUNDER 1 YEAR Months <b>10</b> Days <b>12</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. USUAL RESIDENCE (City and state or country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Love</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Admission Papers</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broncho Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 Hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pulmonary Tuberculosis</b>		Years
	DUE TO (c) <b>Mental Defective</b>		<b>002 X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **4-25-155** to **9-23-158** and last saw **him** alive on **9-23-158**  
Death occurred at **7:25 P.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Edmund J. Perry</i> (Degree or title)	22b. ADDRESS <b>Nevada Mo.</b>	22c. DATE SIGNED <b>9-23-158</b>
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23a. USUAL CREMATION OR REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>Los Angeles Calif</b>
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24. FUNERAL DIRECTOR <b>Hayes Funeral Service, Inc</b> <b>Nevada, Missouri</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>9-25-1958</b>	26. REGISTRAR'S SIGNATURE <i>Edmund J. Perry</i>
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doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard J. Lippin* .....

Licensed Embalmer No. *5093* .....

P. O. Address *St. Louis* Kan .....

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.