

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037078

STATE FILE NUMBER 87

FILED OCT 23 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No.

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Callao		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp.		Length of stay in lb 2 days		0670 STREET ADDRESS ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Charles Middle A. Last Colman				4. DATE OF DEATH Month 10 Day 10 Year 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-22-73	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Callao Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Colman			13b. MOTHER'S MAIDEN NAME Middie Jane Kurlley		14. NAME OF HUSBAND OR WIFE Nora Colman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --		17. INFORMANT Charles Colman Jr. Address Callao, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Ischemic and Myocarditis					
		DUE TO (c) Passive Congestion (Pulmonary)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. 4222						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 10:45 A.M. Month 10 Day 11 Year 58							
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 Macon Missouri		COUNTY Macon STATE Missouri	
21. I attended the deceased from 10-9-58 to 10-11-58 and last saw him alive on 10-11-58 . Death occurred at 10:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Speth A. Shaddy, M.D. (Degree or title)				22b. ADDRESS Macon Missouri		22c. DATE SIGNED 10-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-58		23c. NAME OF CEMETERY OR CREMATORY Chariton Cemetery		23d. LOCATION (City, town, or county) (State) Callao Missouri	
24. FUNERAL DIRECTOR Dr. J. Edwards			ADDRESS Bevier, Mo.		25. DATE RECD. BY LOCAL REG. 10/17/58		26. REGISTRAR'S SIGNATURE Ruth M. Reedy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

MS DEC 2 1958

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 *W. Edwards*

Licensed Embalmer No. 1961

P. O. Address ... *Bevier, 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.