

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039877
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5470

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph ⁰¹¹⁷ ₀		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 321 W. Valley		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle C. Last Colyer			4. DATE OF DEATH Month Nov. Day 17, Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1879	9. AGE (In years last birthday) 78	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) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and state or country) unknown ⁹	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Myrtle Colyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Hospital Records		Address Kansas City, 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) Pulmonary embolism	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) post operative fractured hip		DUE TO (c) senility & arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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"/> 2		E 9040	
20a. ACCIDENT <input checked="" 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.) unknown			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 11-2-58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Joseph		COUNTY Buchanan STATE Mo.	
21. I attended the deceased from Nov. 7 -58 to Nov. 17-58 and last saw her alive on Nov. 17-1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Harold V. Zuber MD			22b. ADDRESS 600 Prof. Bldg.		22c. DATE SIGNED 11-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-18-58	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Clark Mortuary		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

Harold V. Zuber
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Adm.

MS FEB 26 1960

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21-4105-5470

MISSOURI STATE BOARD OF HEALTH

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, ~~Gray~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Jack F. Moore*.....

Licensed Embalmer No. *4729*

P. O. Address *Kansas City*

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.