THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000901

STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 120 Primary Registration District No. ..... Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany, — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 S. Polk — Length of stay in 1b lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany 0380 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 304 S. Polk — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Benjamin Middle: Stapleton Last: Colvin

4. DATE OF DEATH Month Day Year: February 3, 1959

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 7, 1879

9. AGE (In years last birthday): 79 — 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): farming (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Gentry Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Colvin

14. MOTHER'S MAIDEN NAME: Emily Stapleton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): ---------

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT: Mrs. Ben Colvin, Address: Albany, 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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 16 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332-X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 1/31/58, to 2/3/59 and last saw ~~him~~ him alive on 2/3/59
Death occurred at 6:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. M. Newman M.D. Degree or title — 22b. ADDRESS Albany, Mo. — 22c. DATE SIGNED 2/4/59

23a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: burial — 23b. DATE: Feb. 5, 1959 — 23c. NAME OF CEMETERY OR CREMATORY: Grandview — 23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Clifford Brooks — ADDRESS: Albany, Mo. — 25. DATE RECD. BY LOCAL REG.: Feb. 5-1959 — 26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(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.

Dr. C. M. Newman

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 .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Donald E. Cochell...

Licensed Embalmer No..48

P. O. Address..Albany,..

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.