Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021952
STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN FESTUS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JEFF.
c. CITY OR TOWN FESTUS — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 833 MOORE ST. (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: JOHN Middle: FRANKLIN Last: COLIN

4. DATE OF DEATH Month: JUNE Day: 29 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: SEPT. 26, 1870

9. AGE (In years at last birthday): 88 — 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): FOUNDRY WORKER

10b. KIND OF BUSINESS OR INDUSTRY: Glass mfg

11. BIRTHPLACE (City and state or country): PERRY CO. MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: EMIL P. COLIN

13b. MOTHER'S MAIDEN NAME: MARY ANN WALKER

14. NAME OF ~~HUSBAND~~ OR WIFE: DECEASED

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

16. SOCIAL SECURITY NO.: 498-07-4669

17. INFORMANT: MISS EVELYN COLIN — Address: 833 MOORE ST. FESTUS, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs (?)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pyelitis, about 3 years duration. 334x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ No
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

All diseases in Part I must be causally related.

21. I attended the deceased from May 11, 1945, to ____ and last saw him alive on June 28, 1959
Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John F. Rutledge (Degree or title) M.D.
22b. ADDRESS Crystal City, Mo
22c. DATE SIGNED 7-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 2, 1959
23c. NAME OF CEMETERY OR CREMATORY ROSELAWN
23d. LOCATION (City, town, or county) CRYSTAL CITY (State) MO.

24. FUNERAL DIRECTOR James P. Cady — ADDRESS CRYSTAL CITY
25. DATE RECD. BY LOCAL REG. 7-1-59
26. REGISTRAR'S SIGNATURE Jane G. Pigdon

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1959

JUL 7 1959

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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address Crystal 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.