

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 14 1959

59-038754

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 367

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Adair		b. CITY (If outside corporate limits, give TOWNSHIP only) Kirksville		a. STATE Mo		b. COUNTY Adair	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 N. Cottage Grove Ave		Length of stay in 1b Kirksville		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 112 N. Cottage Grove Ave		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Earnest		Middle Babe		Last Colyer		Month Day Year Dec. 6, 1959	
5. SEX 4. M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver		10b. KIND OF BUSINESS OR INDUSTRY Taxi		11. BIRTHPLACE (City and state or country) Curtis Okla		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John F. Colyer			13b. MOTHER'S MAIDEN NAME Maggie Elizabeth Lawrence			14. NAME OF HUSBAND OR WIFE Mable Martin Colyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give wt or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mrs. Mable Colyer, Kirksville, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Neurocirculatory Collapse						30 min.	
DUE TO (b) Acute Virus Pneumonia						6 days	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis, Chronic Bronchitis & Acetaminid poisoning from self administered overdose of Bromo Seltzer						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from 12-2-59 to 12-6-59 and last saw her alive on 12-6-59 Death occurred at 2:03 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. Bentman D.O.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 12-6-59	
23a. BURIAL, CREMATION, REINHAL (Specify) Burial		23b. DATE 12/8/59		23c. NAME OF CEMETERY OR CREMATORY Indian Hill Cemetery		23d. LOCATION (City, town, or county) (State) Adair county Mo.	
24. FUNERAL DIRECTOR Frank W. Ratliff ADDRESS Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 12-7-1959		26. REGISTRAR'S SIGNATURE Dorcas W. Ratliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ED BESTMANN, D.O.

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Kimberville, 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.