

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-011933

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 2048 Registrar's No. 74

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville | | Length of stay in 1b 2 days | c. CITY OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St, Frances Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1118 E. 3rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Elmer Middle J. Last Colwell | | | 4. DATE OF DEATH Month March Day 20 Year 1960 | | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-29-1901 | 9. AGE (last birthday) 58 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Bnimfield, Ill | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Elmer Oscar Colwell | 13b. MOTHER'S MAIDEN NAME Clora E. Galey | 14. NAME OF HUSBAND OR WIFE Ida Colwell |
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| 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. none | 17. INFORMANT Ida Colwell Address Maryville Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs > 5 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Hypertension C.V. Disease | |
| | DUE TO (c) Cerebral Arteriosclerosis | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension Peripheral Vascular Disease | | 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 | |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____ |
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| 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 Maryville, Mo | COUNTY _____ STATE _____ |
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21. I attended the deceased from **10/25/59** to **3/19/60** and last saw her/him alive on **3/19/60**
Death occurred at **4 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE G. R. Empe MD (Degree or title) | 22b. ADDRESS Maryville, Mo | 22c. DATE SIGNED 3/22/60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-22-60 | 23c. NAME OF CEMETERY OR CREMATORY Quitman Cemetery | 23d. LOCATION (City, town, or county) (State) Quitman Mo. |
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| 24. FUNERAL DIRECTOR Atchison Funeral Home | ADDRESS _____ | 25. DATE RECD. BY LOCAL REG. 3-23-60 | 26. REGISTRAR'S SIGNATURE Bess Howell |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George M Atchison Jr, Student Embalmer No. 600

working under my personal supervision.

Student George M. Atchison Jr
Signature of Student Embalmer

Signed G. M. Atchison

Licensed Embalmer No. 2279

P. O. Address Maryville Mp.

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.