

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-020456**

LED VS JUN 1, 1960. 294

Primary Registration District No. 3056 Registrar's No. 1322

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b <b>7 days</b>	c. CITY OR TOWN <b>Clark</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. NAME OF DECEASED (Type or print) First <b>NANCY</b> Middle <b>EVELYN</b> Last <b>COLLEY</b>			4. DATE OF DEATH Month <b>May</b> Day <b>11</b> , Year <b>1960</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/22/1881</b>	9. AGE (last birthday) <b>79</b>	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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>St Clair Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Earl Stockwell</b>	13b. MOTHER'S MAIDEN NAME <b>Barbara Ann Slucher</b>	14. NAME OF HUSBAND OR WIFE <b>William Richard Colley</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>W. R. Colley</b>	Address <b>Clark, Missouri</b>
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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) <b>Medulary failure</b>		INTERVAL BETWEEN DEATH <b>2 hours</b>
DUE TO (b) <b>Cerebral thrombosis</b>		<b>24 hours</b>
DUE TO (c) <b>Arteriosclerotic heart disease</b>		<b>Unknown</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertrophic Osteo-arthritis deformans generalizad</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION <b>her</b>	COUNTY <b>Boone</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>May 4, 1960</b> to <b>May 11, 1960</b> and last saw her <b>her</b> alive on <b>May 11, 1960</b>	
Death occurred at <b>4:58 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Benj. J. Golly D.O.</i>	(Degree or title)	22b. ADDRESS <b>203 1/2 N. Clark St., Moberly, Missouri</b>	22c. DATE SIGNED <b>5-12-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5/11/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Perche Cemetery</b>	23d. LOCATION (City, town, or county) <b>Boone Co. Missouri</b>	(State)
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24. FUNERAL DIRECTOR <i>Ralph A. Carr</i>	ADDRESS <b>Fayette, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>5/11/60</b>	26. REGISTRAR'S SIGNATURE <i>Richard L. ...</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

