

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022894

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. INF 11 ED 28 647 Primary Registration District No. 4217 Registrar's No. 169 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0420
2 0420
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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Urich</u>		Length of stay in 1b <u>18 yrs.</u>	c. CITY OR TOWN <u>Urich.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>D</u> Last <u>COLVIN</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>23</u> Year <u>1964</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/27/1925</u>	9. AGE (last birthday) <u>71</u>	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) <u>Service Station att + Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil + Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Garden City, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>George F. Colvin</u>		13b. MOTHER'S MAIDEN NAME <u>Pamela L. Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>Nola M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W.I 1917</u>		16. SOCIAL SECURITY NO. <u>497-28-1408</u>	17. INFORMANT Address <u>Mrs. Nola Colvin</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u> DUE TO (b) <u>Cancer of prostate</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 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 <u>Dec 18-63</u> to <u>June 23 64</u> and last saw ^{her} him alive on <u>June 18, 64</u> Death occurred at <u>6:10 A m</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>R. Powell, D.O.</u>			22b. ADDRESS <u>Clinton Ave.</u>		22c. DATE SIGNED <u>6/24/64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-25-64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>	23d. LOCATION (City, town, or county) (State) <u>3 miles So. Urich, Mo.</u>		
24. FUNERAL DIRECTOR <u>Snow's Funeral Home - M. Snow</u>		ADDRESS <u>Urich, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 25 1964</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JUL -7 1964

JUL 18 1964

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 Merle D Brown

Licensed Embalmer No. 4034

P. O. Address Urich, 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.