

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-034192

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6136 Registrar's No. 286

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 10 1965

1	10/10	DATE AMENDED
2	22/79	
3		
4	1	
5	0	
6		
7	1	
8	2	
9	994.8	
10	42	
11	10/1	
12	91-3	
13	1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <b>St. Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Current typ</b>		Length of stay in 1b <b>X</b>	c. CITY OR TOWN <b>St Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>near Akers</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3905 a Castleman</b>
3. NAME OF DECEASED (Type or print) First <b>Rebecca</b> Middle <b>Dale</b> Last <b>Colby</b>		4. DATE OF DEATH Month <b>9</b> Day <b>5</b> Year <b>65</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-27-57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>X</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and state or country) <b>North Troy Vt</b>
13a. FATHER'S NAME <b>Carlton Colby</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Wheeler</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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>X</b>	17. INFORMANT Address <b>St Louis</b> <b>Mrs Betty Dutton 3905a Castleman</b>
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>Accidental Drowning</b>			INTERVAL BETWEEN ONSET AND DEATH. <b>5 min</b>
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)			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 checked="" 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.) <b>Flash flood accident in river</b>	
20c. TIME OF INJURY Hour <b>4:30</b> a.m. Month, Day, Year <b>9-5-65</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>swimming on mill Akers</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Shannon Mo.</b>
21. I attended the deceased from <b>on 9-5-65</b> and last saw her/him alive on <b>4:30 9-5-65</b> . Death occurred at <b>A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Denton Wilson, D.O., Coronar</b>		22b. ADDRESS <b>Eminence, Mo.</b>	22c. DATE SIGNED <b>9-8-65</b>
23b. DATE <b>9-8-65</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Newport Center Cem</b>		23d. LOCATION (City, town, or county) (State) <b>North Troy Vt</b>
24. FUNERAL DIRECTOR ADDRESS <b>Spencer Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 9 1965</b>	26. REGISTRAR'S SIGNATURE <b>Mahe Rose</b>

USE BLACK INK OR TYPEWRITER RIBBON

Permit Permit Obtained

**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 Robert P. Gault

Licensed Embalmer No. 5193

P. O. Address Jalapa, 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.