

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17958
2593

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3428 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2809 Tracy				d. STREET ADDRESS (If rural, give location) 2809 Tracy					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle)			c. (Last) Colson			
4. DATE OF DEATH (Month) (Day) (Year) May 20 1953			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2			8. DATE OF BIRTH Sept 3 1869			9. AGE (In years: last birthday) 83			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY A.T.S Fe Ry.			11. BIRTHPLACE (City and State or Foreign Country) Mountain Grove Mo. 0			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Peter A Colson			13b. MOTHER'S MAIDEN NAME Wennerholm			
14. NAME OF HUSBAND OR WIFE Elizabeth Colson			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. 709-14-9826			
17. INFORMANT'S SIGNATURE OR NAME Dora Colson			17. ADDRESS 2809 Tracy K.C.Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4200		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1039 Pinalto Bldg		23c. DATE SIGNED 5-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23-1953		24c. NAME OF CEMETERY OR CREMATORY Mt Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 5-21-53		REGISTRAR'S SIGNATURE Heraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster				
					ADDRESS 918 Brooklyn K.C.Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

J. Virgil Herne
Licensed Embalmer No. 3599
P. O. Address J. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.