

STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1956

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado b. COUNTY Denver	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN Denver	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hrs		e. STREET ADDRESS (If rural, give location) 2109 W. 28th Street 805 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (Type or Print)	a. (First) RUSSELL	b. (Middle)	c. (Last) KONVALIN
4. DATE OF DEATH	(Month) FEBRUARY	(Day) 3	(Year) 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 12, 1927
9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	10b. KIND OF BUSINESS OR INDUSTRY Milk Company	11. BIRTHPLACE (City and State or Foreign Country) Omaha, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James J. Konvalin	13b. MOTHER'S MAIDEN NAME Mary Hardesty	14. NAME OF HUSBAND OR WIFE Stella Konvalin
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mary Konvalin, Omaha, Nebraska
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock from internal chest injuries.		1 day
ANTECEDENT CAUSES Fracture of the right thigh and left leg.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Man was injured in an automobile turn over on Highway #59, Near Garfield Avenue, St. Joseph, Mo., while being chased by State Highway Officers		

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) State Highway #59	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 3, 1956 2:05A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile left highway and rolled
22. I hereby certify that I attended the deceased from <sup>viewed</sup> on Feb 3 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30A m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) H F Mundy (Coroner) M.D.	23b. ADDRESS St. Joseph, Missouri	23c. DATE SIGNED 2-8-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 5, 1956	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Omaha, Nebraska		(State)

DATE REC'D BY LOCAL REG. Feb 9, 1956	REGISTRAR'S SIGNATURE 485 Katherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Rupp, 6054 Pryor Ave., St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 1956

MAY 18 1956

MAY 16 1956

FEB 16 1956

MAY 23 1956

MAY 11 1956

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 *William E. Bayan*

Licensed Embalmer No. *499*

P. O. Address *St. Joseph*

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.