

FILED JUL 5 1956

STANDARD CERTIFICATE OF DEATH

State File No. 20851

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Prairie West</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence, MO</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>10116 901st</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JACKSON County Hosp.</b>		7000	

3. NAME OF DECEASED a. (First) <b>Mose</b> b. (Middle) <b>Colcleasure</b> c. (Last) <b>Colcleasure</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 24-1956</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept 27-1879</b>		9. AGE (In years last birthday) <b>76</b>		10. MONTH <b>8</b> DAY <b>27</b> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Security Mfg Co Labor</b>			11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Jack Colcleasure</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Callie Colcleasure</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>432-05-4130</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Callie Colcleasure</b>			ADDRESS <b>Independence</b>		

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>	
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 **JUNE 19, 1956**, to **JUNE 24, 1956**, that I last saw the deceased alive on **JUNE 23, 1956**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel Williams MD</b>		23b. ADDRESS <b>Jackson County</b>		23c. DATE SIGNED <b>6-25-56</b>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <b>June 26, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Home</b>	
				24d. LOCATION (City, town, or county) (State) <b>Independence MO</b>	

DATE REC'D BY LOCAL REG. <b>6-26-1956</b>		REGISTRAR'S SIGNATURE <b>P.B. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Colandrea</b>	
				ADDRESS <b>Independence</b>	

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 Roland B. Speaks

Licensed Embalmer No. 3604

P. O. Address Indy, Ind

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