

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006201

FILED VS MAR 3 1960

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 871

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>unk.</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In the street 749 1/2 West Olive</u>		Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>537 Gladstone</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED, (Type or print) First Middle Last <u>CHIFFORD DEAN COLCHEASURE</u>			4. DATE OF DEATH Month Day Year <u>2 12 1960</u>			
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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>Aug 1 1922</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARTENDER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GLADSTONE BAR ELKINS, ARKANSAS</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MOSE B COLCHEASURE</u>	13b. MOTHER'S MAIDEN NAME <u>CALLIE M CURDY</u>	14. NAME OF HUSBAND OR WIFE <u>MARIAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>431-10-4464</u>	17. INFORMANT <u>MARIAN COLCHEASURE</u>	Address <u>537 Gladstone</u>
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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>Shock + lacerations resulting from crushing injuries of feet with multiple fractures of tibiae and ribs, laceration of pericardium + rib fracture + bilateral hemiparesis</u> DU TO (b) <u>Quicks + Battered</u> DUE TO (c) <u>Blunt force trauma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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.) <u>car struck back of truck</u>
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20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>2:15 2-12-60</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson MO</u>
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21. I attended the deceased from 2:15 A. to 2:15 A. and last saw him alive on 2-12-60
Death occurred at 2:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Geo Kealhofer M.D. Sp Chy Carney</u>	22b. ADDRESS <u>6627 Park of New</u>	22c. DATE SIGNED <u>2-12-60</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-15-1960</u>	23c. NAME OF CEMETERY OR CREMATOR <u>MOUND GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO</u>
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24. FUNERAL DIRECTOR <u>ROLAND P. SPEAKS</u>	ADDRESS <u>INDEP-MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-13-60</u>	26. REGISTRAR'S SIGNATURE <u>new minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Geo Kealhofer M.D. Sp Chy Carney

MAR 17 1980

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  _____

Licensed Embalmer No. 4273

P. O. Address 10176

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.