

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015221

FILED VS MAY 9 1960 149

Registration District No. 1002 Registrar's No. 2052

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN KANSAS CITY			Length of stay in 1b 18 years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 400 EAST 66TH TERRACE	
3. NAME OF DECEASED (Type or print) First Middle Last BERNARD R. COLAW				4. DATE OF DEATH Month Day Year April 11, 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10b. KIND OF BUSINESS OR INDUSTRY Rest, Kansas		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ben Colaw			13b. MOTHER'S MAIDEN NAME Amanda Wolfe		14. NAME OF HUSBAND OR WIFE Nellie Colaw		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			16. SOCIAL SECURITY NO. 512 07 7812		17. INFORMANT VA Hospital Official Rcds, K.C. Mo. Nellie Colaw, 400 East 66th Terr. K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Esanguination							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Bleeding esophageal varices							
DUE TO (c) Portal cirrhosis							
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 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from April 5, 1960 to April 11, 1960 Death occurred at 11:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. A. TURNER (Degree or title) J. A. Turner M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 4-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/12/1960	23c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery		23d. LOCATION (City, town, or county) Buffalo Kansas		23e. STATE (State)	
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri			25. DATE RECD. BY LOCAL REG. 4-12-60		26. REGISTRAR'S SIGNATURE Reva Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*
Licensed Embalmer No. 4421
P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.