

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022763

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No.

Registrar's No. 158

FILED JUL 2 1962

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Fields Creek Twp.</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Hyway #7, 6 miles N. W. of Clinton</b>		d. STREET ADDRESS (If outside, give location) <b>121 Wardpark Way</b>	
3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>B.</b> Last <b>COLBURN</b>		4. DATE OF DEATH Month <b>June</b> Day <b>29</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/29/1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Accountant</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>WALTER COLBURN</b>		14. NAME OF HUSBAND OR WIFE <b>Bernadine Colburn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. I</b>		17. INFORMANT <b>Mrs. Jack L. Pickett, Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Non Natural Causes</b> Crush injury left chest & internal injuries DUE TO (b) <b>Crush injury left chest &amp; internal injuries</b> DUE TO (c) <b>internal injuries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>immed.</b>	
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 type="checkbox"/> NO <input checked="" 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.) <b>Auto Accident. Struck bridge</b>	
20c. TIME OF INJURY Hour <b>5</b> p.m. Month <b>6</b> Day <b>29</b> Year <b>62</b>	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.) <b>Highway 7- Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>6 mi N.W. Clinton</b>	
20g. COUNTY <b>Henry</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>unattended</b> and last saw her/him alive on <b>approx 5 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Richard H. King M.D. Coroner</b>		22b. ADDRESS <b>106 S. 3rd Clinton Mo</b>	
22c. DATE SIGNED <b>6/30/62</b>		22d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-30-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	
24. FUNERAL DIRECTOR <b>Funeral Home</b>		25. DATE REC'D. BY LOCAL REG. <b>JUN 30 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Willard Biggs</b>			

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

2961 9 JUL 6 1962

JUL 26 1962

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

*J. A. Vansant*

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.

Permit Serial 6-3862 W.B. J.P.