

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4166

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (In this place) <u>1 day 9 hrs. 55 min.</u>		d. STREET ADDRESS (If rural, give location) <u>1412 Princeton Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Buel</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Colley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 2, 1929</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter E. Colley</u>	13b. MOTHER'S MAIDEN NAME <u>Nannie M. Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>Active duty now</u>	16. SOCIAL SECURITY NO. <u>510261511</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion, cerebral, severe</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Approx. 25 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____		<u>28166</u>
	DUE TO (c) _____		<u>26</u>

19a. DATE OF OPERATION <u>---</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Homicide Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5 miles north of Excelsior Springs, Clay Missouri</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Feb. 18, 1951 5 p. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
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22. I hereby certify that I attended the deceased from Feb. 18, 1951, to Feb. 20, 1951, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>I. M. Ward, M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Missouri</u>	23c. DATE SIGNED <u>2-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 20/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/22/51</u>	REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Excelsior Springs, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10.4802-42
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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

James A. Moles

Licensed Embalmer No. *3296*

P. O. Address *Ex Spring, Md.*

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.