

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14750

FILED JUN 6 1955

5126 State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 530

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Leavenworth	
b. CITY OR TOWN Crawford Twp, Rural		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Leavenworth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #71		f. STREET ADDRESS (If rural, give location) Fort Leavenworth			

3. NAME OF DECEASED (Type or Print) a. (First) DEAN		b. (Middle) CLAY		c. (Last) COLES		4. DATE OF DEATH (Month) (Day) (Year) MAY 23, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 2, 1914	
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master Sgt.		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army		11. BIRTHPLACE (City and State or Foreign Country) Sterling, Colorado		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Julia M. Coles	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If you give no or date of service) W. W. #2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS None Army Records, Fort Leavenworth, Kansas	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and chest injuries				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal injuries to left chest Fractured left clavicle and sternum.					
		DUE TO (c) Man was killed while driving his car on U.S. Hwy #71 seven miles South of Faucett, Mo.					
		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 (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crawford Twp Buchanan Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 23, 1955 10:10PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident	

22. I hereby certify that I attended the deceased from **viewed on May 24 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:10P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mundy (Coroner) 2nd D.		23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 5-31-55	
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24a. BURIAL, CREMATION REMOVAL (Specify) removal		24b. DATE May 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Denver, Colorado		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. May 31, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

350 9 NHT

JUN 7 195E

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *John E. Peck*

Licensed Embalmer No. 398

P. O. Address *W. J. Peck*

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