

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20842**

No. 300
10.48

FILED JUL 5 1956

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4239 Registrar's No. 109

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, write RURAL and give township) OR TOWN Lee's Summit		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
c. LENGTH OF STAY (In this place) 50 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 Forest St.		d. STREET ADDRESS (If rural, give location) 104 Forest St.	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Scott - c. (Last) Colebank			4. DATE OF DEATH (Month) (Day) (Year) June 17, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 2, 1871		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orchard		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
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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) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Colebank, SunValley, Calif.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) cerebral vascular accident		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF (b) Cerebral vascular accident with necrosis			DUPLICATE OF (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION now		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) now		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 177X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) now		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 12-2, 1954, to 6-17, 1956, that I last saw the deceased alive on 6-17, 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William F. Hall		23b. ADDRESS 292 Lee's Summit, Mo.		23c. DATE SIGNED 6-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19, 1956		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery		24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	
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DATE REC'D BY LOCAL REG. 6-19-1956		REGISTRAR'S SIGNATURE W. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee's Summit, Mo. Langsford Funeral	
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(Licensed Embalmer's Statement on Reverse Side)

Home

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

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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

N. B. Langford Jr.

Licensed Embalmer No.

4962

P. O. Address

Lee Summit, 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 this body is not embalmed, fact should be so stated above.