

Health, Welfare Public Service

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24118  
Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 306

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Derby		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayworth & Kentucky		Length of stay in 1b	d. STREET ADDRESS 703I Grape (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edwin Middle John Last Struckman			4. DATE OF DEATH Month July Day 7 Year 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1908	9. AGE (In years last birthday) 47 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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Tobias, Nebr.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frederick L. Struckman			14. MOTHER'S MAIDEN NAME Martha Lane		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 505 03 4972M	17. INFORMANT Address Mrs. Martha Struckman, Fairbury, Nebr.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock + lacerations resulting from multiple fractures of base of skull</i> DUE TO (b) <i>crushing injuries of chest</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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.) <i>car turned over on him</i>			
20c. TIME OF INJURY Hour 11:00 p.m. Month, Day, Year 7-7-56					
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, store, street, office bldg., etc.) <i>street</i>	20f. CITY, TOWN, OR LOCATION <i>Lamar, Mo.</i>	COUNTY <i>Jackson</i>	STATE <i>Mo</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. C. H. Kelly, M.D., Health Officer</i>			22b. ADDRESS <i>6627 Prospect Ave.</i>	22c. DATE SIGNED <i>7-8-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/56	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR <i>Ho. B. Berson</i>		ADDRESS Independence, Mo.	25. DATE RECD. BY LOCAL REG. 7-10-56	25. REGISTRAR'S SIGNATURE <i>James Kelly</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold E. Keadel*.....

Licensed Embalmer No. *460*.....

P. O. Address *Indigo*.....

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.