

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42081

State File No.

No. 300
10.48

FILED JAN 7 1957

REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038

Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Lemin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield,</u>		c. CITY OR TOWN <u>Excelsior Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 min</u>		e. STREET ADDRESS (If rural, give location) <u>600 J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dorton Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caleb</u> b. (Middle) <u>May</u> c. (Last) <u>Colyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Sept. 7, 1895</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR <u>3</u> Months <u>23</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Milan, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John F. Colyer</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Elizabeth Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>none</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 date of service) <u>World War #1</u>	16. SOCIAL SECURITY NO. <u>514-24-0192</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. G. Colyer,</u> ADDRESS <u>Kirksville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr 25 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Crushed chest B. side & severe blow over left eye</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baker 58 Lemin Mo</u>
21d. TIME OF INJURY <u>12-30-56 1:30p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James B. McClard Coron</u>	23b. ADDRESS <u>Brookfield, Mo.</u>	23c. DATE SIGNED <u>12/30/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Indian Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gifforg Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 2, 1957</u>	REGISTRAR'S SIGNATURE <u>Kathaline Johnson Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u> ADDRESS <u>Bucklin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

70

4361 E 833

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.....
E. A. Larson

Licensed Embalmer No...4037...

P. O. Address...Bucklin, 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.