THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1957

STATE FILE NUMBER 8596

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 993

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GENERAL HOSP — Length of stay in Hospital: D.O.A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: CASS
c. CITY OR TOWN: Harrisonville ~~Pleasant Hill~~ — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): RR 2 Box 37 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LUCILLE Middle — Last CAPERS
4. DATE OF DEATH: Month 3 Day 2 Year 57
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: May 14 1924
9. AGE (In years last birthday): 32 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Springfield Mo
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Claude Clemons
14. MOTHER'S MAIDEN NAME: Alta Blakley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 500-36-6142
17. INFORMANT: Maude Gilbreath Hartshorne Okla

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock & Hemorrhage resulting
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from crushing injuries of head &
DUE TO (c) chest
INTERVAL BETWEEN ONSET AND DEATH: E 8 hrs 4 26
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Two car collision
20c. TIME OF INJURY: Hour 11:50 a. m. Month, Day, Year 3-2-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): highway
20f. CITY, TOWN, OR LOCATION: ~~Kansas City Jackson~~ 019 COUNTY: Cass STATE: Mo
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: Geo C Kealhofer (Degree or title) Deputy Coroner
22b. ADDRESS: 6627 Prospect K C Mo
22c. DATE SIGNED: 3-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Rem
23b. DATE: 3-4-57
23c. NAME OF CEMETERY OR CREMATORY: unk
23d. LOCATION (City, town, or county) (State): Boswell, Okla.
24. FUNERAL DIRECTOR: Sebelios ADDRESS: KC Mo
25. DATE REC'D BY LOCAL REG.: 3-4-57
26. REGISTRAR'S SIGNATURE: Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Forrest D. Coldsmou

Licensed Embalmer No. 47

P. O. Address K. C. Mo

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