MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1960

-60-035190
STATE FILE NUMBER

NDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie — Length of stay in Ib 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ja
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3315 Claremont — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Callie Middle D Last Colclesure
4. DATE OF DEATH Month 10 Day 5 Year 60
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 3-15-1888
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Elkins, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jo McCurdy
13b. MOTHER'S MAIDEN NAME Ann King
14. NAME OF HUSBAND OR WIFE
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. None
17. INFORMANT Mrs Alma Moss Address Indep. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	General debility, senility	Unknown
DUE TO (c)	Generalized arteriosclerosis	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cystitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-25-60 to 10-5-60 and last saw her/him alive on 10-5-60
Death occurred at 10:00 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD
22b. ADDRESS 10901 Winner Rd
22c. DATE SIGNED 10-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-8-60
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Indep. Mo.
25. DATE RECD. BY LOCAL REG. 10-7-1960
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 26 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Pollie Kessel

Signature of Student Embalmer

Licensed Embalmer No. 4690

P. O. Address Indep Mo

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