

24703

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3568

Registrar's No.

No. 300

10.48

FILED AUG 6 - 1953

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

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

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) Kansas City		c. LENGTH OF STAY (If this place) 36 days	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3268
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			d. STREET ADDRESS (If rural, give location) 1612 East 16th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Lydia		b. (Middle)	c. (Last) Collins	4. DATE OF DEATH (Month) (Day) (Year) 7 16 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24 1894	9. AGE (In years) (Month) (Day) 58	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maids		10b. KIND OF BUSINESS OR INDUSTRY Hotels	11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Single Green		13b. MOTHER'S MAIDEN NAME Ellis Jones	14. NAME OF HUSBAND OR WIFE James Collins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-14-1709	17. INFORMANT'S SIGNATURE OR NAME Bladysa Marie Smalley		ADDRESS K. C. Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycystic disease of kidneys & liver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1571
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? L			
22. I hereby certify that I attended the deceased from 7-3-53 , 19___, to 7-16-53 , 19___, that I last saw the deceased alive on 7-16-53 , 19___, and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR E. Frank Ellis			(Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 7-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-20-53	24c. NAME OF CEMETERY OR CREMATORY General Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 7-20-53	REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Malvern Williams	ADDRESS 1429 Lydie	

(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

Student Embalmer

Signed

J. Manlove

Licensed Embalmer No. 3994

P. O. Address 3503 Highland

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.