No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12338

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lee's Summit
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 506 So. Green

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lee's Summit
d. STREET ADDRESS (If rural, give location): 506 So. Green

7001
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3. NAME OF DECEASED (Type or Print)
a. (First): Bruce
b. (Middle): Franklin
c. (Last): Colin

4. DATE OF DEATH (Month) (Day) (Year): 4-8-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11 1898
9. AGE (In years last birthday): 55 — 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): Plant Worker
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Walker Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Colin
13b. MOTHER'S MAIDEN NAME: Lucy Strader
14. NAME OF HUSBAND OR WIFE: Muriel Colin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-05-3767
17. INFORMANT'S SIGNATURE OR NAME: Muriel Colin — ADDRESS: Lee's Summit 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

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
4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-9-53 19__, *to* 4-8-, 1954, *that I last saw the deceased alive on* 4-8-, 1954, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clint R. Miller MD
23b. ADDRESS: Lees Summit Mo
23c. DATE SIGNED: 4-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/11/1954
24c. NAME OF CEMETERY OR CREMATORY: Lee's Summit
24d. LOCATION (City, town, or county) (State): Lee's Summit Mo.

DATE REC'D BY LOCAL REG.: 4-10-1954
REGISTRAR'S SIGNATURE: N B Langston
25. FUNERAL DIRECTOR'S SIGNATURE: N B Langston — ADDRESS: Lee's Summit Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.