No. 300
10.48

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

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16448

BIRTH-NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg 0512 0
d. STREET ADDRESS (If rural, give location): 115 Madison St.

3. NAME OF DECEASED (Type or Print)
a. (First): Suddie
b. (Middle):
c. (Last): Collett

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 21, 1886
9. AGE (In years last birthday): 67 — 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: Home
11. BIRTHPLACE (State or foreign country): Lafayette County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Brown
13b. MOTHER'S MAIDEN NAME: Mary Lou Duggins
14. NAME OF HUSBAND OR WIFE: Marvin Collett

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'S SIGNATURE OR NAME ADDRESS: Jerry Jerome Collett, Oakland, California

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Thrombophlebitis, Rt. leg — 2 days

DUE TO (c) fracture, Right femur — 17 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Breast with Metastases 2yrs

19a. DATE OF OPERATION: 5-18-54
19b. MAJOR FINDINGS OF OPERATION: Fracture, Distal third, Rt. femur, Pathologic
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Warrensburg, Johnson, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 9 54 6 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall E9040 051 21

22. *I hereby certify that I attended the deceased from* 5-9-, 19 54, *to* 5-26-, 19 54, *that I last saw the deceased alive on* 5-26-, 19 54, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Keith D. Jones, MD
23b. ADDRESS: Warrensburg, Missouri
23c. DATE SIGNED: May 28, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: Zion Hill Cemetery
24d. LOCATION (City, town, or county) (State): Johnson County, Missouri

DATE REC'D BY LOCAL REG.: May 29, 1954
REGISTRAR'S SIGNATURE: Savannah Crutchfield 147-4
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. A. Brauninger, Warrensburg, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 7 1954
JOHNSON COUNTY HEALTH DEPT.

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 .....,

working under my personal supervision.

Student Embalmer No.....

Signed W. A. Brauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Missouri

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.