No. 300
10.48

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28059

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 103

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

0

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) Life
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
d. STREET ADDRESS (If rural, give location) R. R. # 2, Warrensburg, Missouri

0510

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

4. DATE OF DEATH (Month) (Day) (Year) August 5, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 28, 1883
9. AGE (In years last birthday) 71 — 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) Retired Farmen
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and State or Foreign Country) Allville, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob J. Collett
13b. MOTHER'S MAIDEN NAME Elizabeth Hanes
14. NAME OF HUSBAND OR WIFE Suddie Collett

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. None
17. INFORMANT'S SIGNATURE OR NAME Mr. Jerome Collett, Oakland, California — ADDRESS

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) Chronic Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 8 years.

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. Parkinson's Disease — 7 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 2040
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* Oct 8, 1943, *to* Aug. 5, 1954, *that I last saw the deceased alive on* Aug 5, 1954, *and that death occurred at* 11:50Am., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D. 0
23b. ADDRESS Warrensburg, Missouri
23c. DATE SIGNED 8-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-7-54
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. Aug. 7, 1954
REGISTRAR'S SIGNATURE Savannah Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE R. A. Brauninger, Warrensburg, Missouri — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 9 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 ME

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed R. A. Baumeister

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.