

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **4642**
524

FILED FEB 27 1957

Registration District No. **149** Primary Registration District No. **1001** Registrar's No. **524**

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3628		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4216 Brooklyn		Length of stay in lb 45 yrs.	d. STREET ADDRESS 4216 Brooklyn		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Anna Middle Laura Last COLLINS			4. DATE OF DEATH Month 2 Day 2 Year 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 9, 1870	9. AGE (In years last birthday) 86	
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 (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Maddox			14. MOTHER'S MAIDEN NAME Nan Baldwin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Leonard Nielsen, 4216 Brooklyn		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Static Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 592 X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced years					
DUE TO (c) Chronic Nephritis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2		
20c. TIME OF INJURY Hour 10:45 P. Month 2 Day 57 Year 57 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kansas City		STATE Missouri
21. I attended the deceased from Nov 1956 to Feb 2-57 and last saw ^{her} _{him} alive on Feb 2-57 Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>G. M. Jaquiss</i> (Degree or title) D			22b. ADDRESS 6020 Brookside, Kansas City, Mo		22c. DATE SIGNED 2-3-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-4-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 1800 E Linwood		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-3-57	26. REGISTRAR'S SIGNATURE <i>Neval Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. M. Jaquiss

W. M. Jacques
6020 Brook
JA3-8511-9
or after 12:30

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
Signature of Student Embalmer

Signed *James E. Hackler*

Licensed Embalmer No. 42

P. O. Address K.C., Mo.

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