Health, Welfare Public Service

300
1-56

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005428
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN Warrensburg 0512 — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Research Hospital — Length of stay in 1b 02 mos	d. STREET ADDRESS (If outside, give location) 803 N. College — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Jeanne Middle ~~Grace~~ Ann Last Collier

4. DATE OF DEATH: Month 2 Day 1 Year 58

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Jan 13 ~~1937~~ 1938

9. AGE (In years last birthday): ~~21~~ 20 — 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 (City and state or country): Reydon, Okla.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Herman R. Vandagriff

14. MOTHER'S MAIDEN NAME: Opal Henson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 490-40-5761

17. INFORMANT: Sgt Bert Collier, Address Warrensburg Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Interventricular Septal Defect — INTERVAL BETWEEN ONSET AND DEATH: congenital

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 7542

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Thrombosis middle cerebral artery

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 11-6-56, to 2-1-58 and last saw her/him alive on 2-1-58
Death occurred at 10:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin J. Mueller M.D.

22b. ADDRESS: 635 Argyle Bldg KC Mo

22c. DATE SIGNED: 2-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-5-58

23c. NAME OF CEMETERY OR CREMATORY: Wayside Cem.

23d. LOCATION (City, town, or county) (State): Thayer Mo.

24. FUNERAL DIRECTOR: Carter Mortuary — ADDRESS: Thayer Mo

25. DATE RECD. BY LOCAL REG.: 2-1-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Martin J. Mueller

FEB 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Sidn

Licensed Embalmer No. 4

P. O. Address Kansas

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