

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

156-61-008701
156 STATE FILE NUMBER

AMENDED FILED MAR 29 1961
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 156

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 C. N. GILLIAM
 SHOULD READ
 ITEM NO.

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		Length of stay in 1b 5 months	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6000 E. 60th	
3. NAME OF DECEASED (Type or print) First VERNIE Middle ESTELLE Last COLLINS			4. DATE OF DEATH Month March Day 3 Year 1961		
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/11/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days 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 own home	11. BIRTHPLACE (City and state or country) St Charles, Va.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Harvey Maness		13b. MOTHER'S MAIDEN NAME dont know		14. NAME OF HUSBAND OR WIFE Matt Collins	
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.	17. INFORMANT Address Mrs Alice Sadler 6000 E 60th K.C.Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure					INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial infarction with shock					hour Probably
DUE TO (c) Coronary artery disease with diabetes mellitus					years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year					
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		COUNTY	STATE
21. I attended the deceased from 2-19-61 to 3/3/61 and last saw her alive on 3-3-61 Death occurred at 3-3-61 9:55p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. N. Gilliam M.D. DO			22b. ADDRESS 926 E. 11th St., Kansas City, Mo		22c. DATE SIGNED 3/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/7/61	23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Gardens		23d. LOCATION (City, town, or county) (State) Kansas City North, Mo.	
24. FUNERAL DIRECTOR ADDRESS JGG. A. BUTLER'S SONS K.C.K		25. DATE RECD. BY LOCAL REG. 3-6-61	26. REGISTRAR'S SIGNATURE Ruth Long		

MAR 6 1963

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 Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address Kcho.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.