

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3164-61-025101  
3164  
STATE FILE NUMBER

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

AMENDED

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>LIFE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>6344 WARD PARKWAY</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>RAWLINGS</b> Middle <b>H.</b> Last <b>COLLINS</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>24</b> Year <b>1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/11/1891</b>
9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXECUTIVE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William H. COLLINS</b>	
13b. MOTHER'S MAIDEN NAME <b>OLIVE RAWLINGS</b>		14. NAME OF HUSBAND OR WIFE <b>GLADYS L. COLLINS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>YES W.W. #1</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>GLADYS L. COLLINS</b>		Address <b>6344 WARD PARKWAY</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis immediate</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary insufficiency 5 yrs</b> DUE TO (c) <b>Essential hypertension 8 yrs</b> 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 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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 <b>12/21/56</b> to <b>6/24/61</b> and last saw him alive on <b>5/24/61</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert Mc Clure</b>		22b. ADDRESS <b>820 Professional Bldg</b>	
22c. DATE SIGNED <b>6/26/61</b>		23. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>ENTOMBMENT</b>		23b. DATE <b>6/27/1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>	
24. FUNERAL DIRECTOR <b>STINE &amp; McCLURE, KANSAS CITY MO</b>		25. DATE RECD. BY LOCAL REG. <b>6-26-61</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>			

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Robert Mc Clure  
Medical Certification

11-20-20-05:1

**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 Belton W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

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.