MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033224
STATE FILE NUMBER

AMENDED FILED OCT 10 1961

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 495

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only), OR TOWN: INDEPENDENCE — Length of stay in 1b: 21 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Inde. Hosp. & Sanitarium — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 116 W. Southside Blvd. — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First MARY Middle ELIZABETH Last COLLINGS
4. DATE OF DEATH: Month Oct. Day 1, Year 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec. 5, 1902
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (City and state or country): Pleasant Hill, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: UNknown Stewart
13b. MOTHER'S MAIDEN NAME: Anna Pilcher
14. NAME OF HUSBAND OR WIFE: George H. Collings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: George H. Collings Address: 116 W. Southside Blvd.

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): Brain Tumor [glioma]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~: Frontal lobes
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
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. ☐ Yes ☐ No ☐ Unknown

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 Aug 1-61, to Oct 1-61 and last saw her/him alive on Oct 1-61
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): Chas. E. Nelson Jr. M.D.
22b. ADDRESS: Independence Mo.
22c. DATE SIGNED: 10-2-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 4, 1961
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEMETERY
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: Geo. C. Carson & Sons, Indep. Mo.
25. DATE RECD. BY LOCAL REG.: 10-1-61
26. REGISTRAR'S SIGNATURE: Ella L. Craig

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

OCT 11 1961

MAR 21 1962

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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address K.C. 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.