

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 8500  
1147

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MO.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2525 Charlotte St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Leota</u>		a. (First)		b. (Middle) <u>McCollum</u>		c. (Last)	
4. DATE OF DEATH <u>March 11, 1949</u>		(Month) (Day) (Year)					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>		8. DATE OF BIRTH <u>Aug. 9, 1894</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Lynn county, Mo. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Carl Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>William McCollum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William McCollum, Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis</u> ANTECEDENT CAUSES <u>Cholelithiasis</u> DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) <u>Chronic Glomerulonephritis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Spontaneous Coronary</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Spontaneous Coronary</u> <u>Spontaneous Coronary</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/5</u> , 19 <u>49</u> , to <u>3/11</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3/11</u> , 19 <u>49</u> , and that death occurred at <u>11:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.H. Riche</u>		(Degree or title) <u>DR. &amp;</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>3/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Mar. 14, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-12-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George L. Laram</u> ADDRESS <u>Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed \_\_\_\_\_

*Thos. Carson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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 this body is not embalmed, fact should be so stated above.