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

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15805

BIRTH NO. 21119-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1802

1. PLACE OF DEATH
a. COUNTY: Jackson.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 34 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Childrens Mercy Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville, Mo
d. STREET ADDRESS (If rural, give location): Sycamore St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Lee
c. (Last): Colvin

4. DATE OF DEATH (Month) (Day) (Year): April 25 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 21-49
9. AGE (In years last birthday): 0 — If under 1 year: Months: 0, Days: 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Harrisonville, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Cal Chrisman
13b. MOTHER'S MAIDEN NAME: Eleanor Colvin
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Eleanor Colvin — **ADDRESS**: Harrisonville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24, 1949, *to* April 25, 1949, *that I last saw the deceased alive on* April 25, 1949, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H.M. Gilkey (Degree or title): H.M. Gilkey M.D.
23b. ADDRESS: Childrens Mercy Hosp.
23c. DATE SIGNED: April 25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 4-25-49
24c. NAME OF CEMETERY OR CREMATORY: Orient Cem.
24d. LOCATION (City, town, or county) (State): Harrisonville Mo

DATE REC'D BY LOCAL REG.: 4-25-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson Bros. Harrisonville Mo.
ADDRESS: Atkinson Bros. Harrisonville Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

Not.

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 Floyd Atkinson

Signed .....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

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