

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4734

State File No. _____

728

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>MO</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 YR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.ansas City</u>		d. STREET ADDRESS (If rural, give location) <u>536 E 11 TH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>536 E 11 TH</u>				d. STREET ADDRESS (If rural, give location) <u>536 E 11 TH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u>		b. (Middle) <u>V</u>		c. (Last) <u>COLLUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 50</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)		8. DATE OF BIRTH _____	
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSER</u>		10b. KIND OF BUSINESS* OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>R.W. COLLUM</u>		13b. MOTHER'S MAIDEN NAME <u>EMME E CASEY</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.U. COLLUM Box 2297 ABILENE, TEXAS</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Alcoholic</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh A. Owens</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>1034 Rialto Bldg</u>		23c. DATE SIGNED <u>2-17-50</u>	
24a. BURIAL, CREMATION, (REMOVAL) (Specify) _____		24b. DATE <u>2/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>K C MO'S</u>	
DATE REC'D BY LOCAL REG. <u>2-17-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>		ADDRESS <u>CITY</u>	

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.

Student
Student Embalmer

Signed _____

Ray E Snow

Licensed Embalmer No. 25610

P. O. Address *K C M*

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.