

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20395**
2868

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 8 YEARS		d. STREET ADDRESS (If rural, give location) 4206 FOREST AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4206 FOREST AVENUE		e. STREET ADDRESS (If rural, give location) 4206 FOREST AVENUE	

3. NAME OF DECEASED (Type or Print) BIRDELLA LURLINE COLVIN			4. DATE OF DEATH JUNE 23 1952		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 14 1882		9. AGE (In years last birthday) (Specify) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BRECKENRIDGE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THEODORE A. COLVIN		13b. MOTHER'S MAIDEN NAME SUZANE POND		14. NAME OF HUSBAND OR WIFE HAROLD M. COLVIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME HAROLD M. COLVIN	
				ADDRESS 4206 FOREST AVE. KANSAS CITY, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) _____			Immediate
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4201

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
				Kansas City Jackson MO		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **6/23**, 1952, to **6/23**, 1952, that I last saw the deceased alive on **6/23**, 1952, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Lehner (Degree or title) M.D.		23b. ADDRESS 1102 Grand Kansas City, Mo.		23c. DATE SIGNED 6/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Rose Hill	
				24d. LOCATION (City, town, or county) (State) BRECKENRIDGE MISSOURI	
DATE REC'D BY LOCAL REG. 6-24-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer Sons	
				ADDRESS 1331 South Creek Kansas City, Mo.	

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

S. No. 300
v. 10-48

FILED JUL 5 1952

12-5

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 Albert L. Savage

Licensed Embalmer No. 4512

P. O. Address Kansas City, 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.