

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27993  
3510

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson 3.22</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	d. STREET ADDRESS (If rural, give location) <b>2200 Park Avenue</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b> b. (Middle) <b>Lee</b> c. (Last) <b>Collier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 1 52</b>		
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married ( )</b>	8. DATE OF BIRTH <b>10-22-51</b>		9. AGE (In years last birthday) If under 1 year: Months <b>9</b> Days <b>10</b> If under 2 hrs. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Brooklyn, New York /</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>

13a. FATHER'S NAME <b>?</b>	13b. MOTHER'S MAIDEN NAME <b>Bernice Collier</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bernice Collier 2200 Park Ave.</b>		

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) <b>Underspanned - infectious diarrhea</b>	etiology unknown			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5 11

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)		
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 **7-31-52**, 19\_\_\_\_, to **8-1-52**, 19\_\_\_\_, that I last saw the deceased alive on **8-1-52**, 19\_\_\_\_, and that death occurred at **5:20 p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>St. Frank Ellis MD</b> (Degree or title)	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>8-6-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial ( )</b>	24b. DATE <b>Aug. 6, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn Cemetery, Kansas City, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-6-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Fannie G. Meek 11 Kansas City, Mo.</b>	

WRITE PLAINLY—USING 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 Fannie L. Meek

Licensed Embalmer No. 3819

P. O. Address Kansas City 8, 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.