

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40477****5328**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5328</b>			
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</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett City</b>		c. LENGTH OF STAY (In this place) <b>15 da</b>		c. CITY OR TOWN <b>Washington Township</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McNeal Medical Center</b>				e. STREET ADDRESS (If rural, give location) <b>9631 State Line</b>				<b>1001</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>CASKIE</b>		c. (Last) <b>Collet</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-5-55</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>May 25, 1898</b>		9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Circuit Judge</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keytesville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>James A. Collet</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel E. Collet</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W. I</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. A. Collet, 421 E. 63rd Terr., K.C. Mo.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>	
				II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Congestion</b> DUE TO (c) <b>Carcinoma with Generalized Metastasis</b>					
				III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary occlusion, Myocarditis. Prob. Prostatic Carcinoma</b>				<b>16 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>Jan 1949</b> , to <b>5 Dec 1955</b> , that I last saw the deceased alive on <b>5 Dec 1955</b> , and that death occurred at <b>7:30 P.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Wallace H. Graham</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>518 Argyle Bldg. K.C. Mo.</b>		23c. DATE SIGNED <b>5 Dec. 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/8/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>12-8-55</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE UND. CO.</b>		ADDRESS <b>K.C. MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1958

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.....  
Signature of Student Embalmer

Signed *Elmo D. Lipscomb*.....

Licensed Embalmer No. *48*.....

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.