

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1301**
Registrar's No. **181**

FILED FEB 6 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Nettleton Home, 5125 Swope Pkwy.		16. STREET ADDRESS (If rural, give location) 5125 Swope Parkway 3150	
3. NAME OF DECEASED a. (First) MARTHA		b. (Middle) _____	c. (Last) COLLINS
4. DATE OF DEATH Jan. 13, 1956		5. SEX female	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Nov. 24, 1875		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Jackson		13b. MOTHER'S MAIDEN NAME Martha Wilson	
14. NAME OF HUSBAND OR WIFE Aubrey Collins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Myrtle Holscher, 5125 Swope Pkwy., K.C.Mo.	
17. ADDRESS _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Aortic stenosis & congestive heart failure	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 21 Dec, 1951 , to 13 Jan, 1956 , that I last saw the deceased alive on 11 Jan, 1956 , and that death occurred at 4:30 Am. , from the causes and on the date stated above.	
23a. SIGNATURE J. B. Willoughby M.D.		23b. ADDRESS 5905 Main	
23c. DATE SIGNED 13 Jan 56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-14-56		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE UND. CO.	
25. ADDRESS K.C.MO.		DATE REC'D BY LOCAL REG. 1-14-56	
REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE UND. CO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. B. Willoughby MD

Joseph W. Wiloughby
5905 Main
Me 3-8600

Ep 4:30 AM

after 1:00

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 *E. D. Tipton*

Licensed Embalmer No. 4817

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.