

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16295
1956
Registrar's No. 1982

FILED MAY 17 1956

BIRTH NO. 30414-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1982

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 MO.</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>GRANDVIEW</u>	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 <u>LAKESIDE HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>12810 7TH STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Collier</u> c. (Last) <u>Collier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 29, 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>4-28-56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>1</u> IF UNDER 24 HRS. Days <u>1</u> Hours <u>1</u> Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>JAMES ELVIS COLLIER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE TIDBALL</u>	14. NAME OF HUSBAND OR WIFE <u>INFANT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JAMES E. COLLIER - GRANDVIEW, MO</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7635</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>		
	DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 4-28, 1956 to 4-29, 1956, that I last saw the deceased alive on 4-29, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. West</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Grandview Mo</u>	23c. DATE SIGNED <u>4-29-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BELTON, MO</u>
DATE REC'D BY LOCAL REG. <u>5-1-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George & Son - Grandview, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Richard E. George*

Licensed Embalmer No. 395

P. O. Address *Beltway*

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.