

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

33908

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4679

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hosp.		Length of stay in 15 yrs. 5 yrs.	d. STREET ADDRESS 3432 Flora Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Middle Jane Last Colvin			4. DATE OF DEATH Month Day Year October 28, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Washington Co., Ark.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Hesiliah Hendrick			14. MOTHER'S MAIDEN NAME Lucy Horton		
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 Mrs. Bernard Raney, 1501 E. 40th, K.C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Aortic Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Cardio-vascular collapse					INTERVAL BETWEEN ONSET AND DEATH 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c).					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-26-56, to 10-28-56 and last saw her alive on 10-28-56 ✓ Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John C. Taylor, M.D.		22b. ADDRESS 3509 Duross		22c. DATE SIGNED 10-29-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10-30-56		23c. NAME OF CEMETERY OR CREMATORY Huff Cemetery	
23d. LOCATION (City, town, or county) Stark, Kans.		23e. STATE (State)		23f. COUNTY	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons		ADDRESS 1331 Brush Creek		25. DATE RECD. BY LOCAL REG. 10-30-56	
25. REGISTRAR'S SIGNATURE Neva Minshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
John C. Taylor

601-0408

*Paul R. Williams*

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 *Paul R. Williams*

Licensed Embalmer No. *500*

P. O. Address *Overland  
Kans*

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.