Health, Welfare & Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Sidney F. Pakula

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1956

STATE FILE NUMBER 37932

6849 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5112

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Prairie Village — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in Ib 1 day	d. STREET ADDRESS (If outside, give location) 5907 W. 78th Terr — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Katherine	Middle:	Last: Collins	4. DATE OF DEATH	Month: 11 Day: 24 Year: 56
5. SEX: F	6. COLOR OR RACE: White	7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 6-10-55	9. AGE (In years last birthday): 1	IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~ NONE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Robert J. Collins		14. MOTHER'S MAIDEN NAME: Reba Ann Neumann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Robert J. Collins	Address: 5907 W. 78th Terr	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Leukemia, Acute. (Possibly lymphatic) — 48 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary Atelectasis & Edema

DUE TO (c) Bronchiolitis — 2040

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m.	Month, Day, Year		
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY / STATE

21. I attended the deceased from Birth, to 11/24/56 and last saw her/him alive on 11/24/56

Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sidney F. Pakula MD	22b. ADDRESS: 411 Nichols Rd	22c. DATE SIGNED: 11/24/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 11/26/56	23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Stine & McClure	ADDRESS: 3235 Gillham Pl	25. DATE RECD. BY LOCAL REG.: 11-26-56	26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. L. Crowell.....

Licensed Embalmer No.....4

P. O. Address.....K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.