

Health  
Wellfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

44688

FILED JAN 22 1957

STATE FILE NUMBER 5544

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

1. PLACE OF DEATH a. COUNTY <b>M Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Pottawattamie</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. CITY OR TOWN <b>Council Bluffs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Reasearch Hosp.</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>1414 8th</b>
3. NAME OF DECEASED (Type or print) <b>JOHN G. COLLETT</b>		4. DATE OF DEATH <b>Dec. 22, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 9, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired car man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R-R.</b>	9. AGE (In years birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>McGirk, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Albert E Collett</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>712-07-7858</b>	
17. INFORMANT <b>Annie Collett-Wife</b>		Address <b>Council Bluffs, Iowa</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>fractured skull subarachnoid</b> <b>I interstitial hemorrhage</b> DUE TO (b) <b>I</b> DUE TO (c) <b>I</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>8164</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>I was car collision</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>12-21-57</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	
20f. CITY, TOWN, OR LOCATION <b>Clay</b>		COUNTY <b>no</b> STATE <b>no</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		22b. ADDRESS <b>1034 Pinalto Bldg</b>	
22c. DATE SIGNED <b>12-22-57</b>		22d. SIGNATURE <b>Reva Minshall</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Dec. 23, 56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Council Bluffs, Iowa</b>	
24. FUNERAL DIRECTOR <b>Peter B. Lapetina, K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-56</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>			

April - 1970

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 *John B. Ziegler*.....

Licensed Embalmer No. 4273

P. O. Address ...K., C., Mo..

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.