

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 02 1008
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 3033

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas city mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas city</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Luke's Hosp</u>				Length of stay in lb <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>629 W. Dartmouth</u>		
3. NAME OF DECEASED (Type or print) <u>Mrs Ena S Collison</u>				4. DATE OF DEATH <u>June 30 1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-8-1881</u>		
9. AGE (In years last birthday) <u>75</u>		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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and state or country) <u>Hillsboro West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Cornelius Stulting</u>				14. MOTHER'S MAIDEN NAME <u>Melvina Doyle</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Gerald Ferguson</u> Address <u>629 W Dartmouth</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Lt Breast</u>							INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____ DUE TO (c) _____	
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? <u>1</u> 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 _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1955</u> to <u>6-30-57</u> and last saw her alive on <u>6-29-57</u> Death occurred at <u>7:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Mark Dodge MD</u>				22b. ADDRESS <u>4635 Wyandotte</u>		22c. DATE SIGNED _____		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-2-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Monticello Cemetery N.C. Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Charlottesville Virginia</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Franco-Wornall Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>7-1-57</u>		26. REGISTRAR'S SIGNATURE <u>neva minshel</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mark Dodge

300
1-56

All diseases and conditions which may be related to the death should be stated on this certificate. If the cause of death is not stated, the coroner must be notified. This certificate must be filed with the registrar of vital statistics. It must be filed with the registrar of vital statistics. It must be filed with the registrar of vital statistics.

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell N. Fran*

Licensed Embalmer No. *42*

P. O. Address *KC*

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.