

pt. Health,
... & Welfare
S. Public
Health Service

V. S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Geo. C. Kealhofer
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

STANDARD CERTIFICATE OF DEATH

44287

STATE FILE NUMBER

6010

FILED JAN 8 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mission		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in 1b 31 hrs.	d. STREET ADDRESS 6142 Lockton Lane		(If outside, give location) Missouri Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HARDEN COLLOPY			4. DATE OF DEATH Month Day Year 12 19 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 21, 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days 12 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Builders Steel Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) New Holland, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Cornelius G. Collopy		13b. MOTHER'S MAIDEN NAME Susan Hornbuckle		14. NAME OF HUSBAND OR WIFE Margaret Collopy	
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. 486-09-7691	17. INFORMANT Address Mission, Ks. Margaret Collopy, 6142 Lockton Lane		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pulmonary embolism resulting from					
DUE TO (c) Retrosputaneous Hemorrhage, Hemorrhage into					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - Thrombosis					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.) Sluiced by a car		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12-17-57 p.m.			20e. PLACE OF INJURY (e.g., in or about home, factory, store, street, office bldg., etc.) Street		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION 600 Kansas City, Mo		
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 Dr. C. Kealhofer (Degree or title)			22b. ADDRESS 3		22c. DATE SIGNED 12-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home			25. DATE RECD. BY LOCAL REG. 12-19-57	26. REGISTRAR'S SIGNATURE Ireva Marshall	

Linwood & Woodland

(Licensed Embalmer's Statement on Reverse Side)

72

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 *Melvin Dastous*

Licensed Embalmer No. *4903*

P. O. Address *KC Mo.*

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.