

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044038
STATE FILE NUMBER

FILED JAN 9 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6027

300
-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1318 Armour INSTITUTION		Length of stay in lb 63 years	d. STREET ADDRESS (If outside, give location) 7143 Grand Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NELLIE Middle ELIZABETH Last COLGAN			4. DATE OF DEATH Month December Day 19 Year 1958
5. SEX Female	6. COLOR OR RACE Cauc	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1871
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hanover, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John K. Winkelman		13b. MOTHER'S MAIDEN NAME Carrie Webber	14. NAME OF HUSBAND OR WIFE Edward Joseph Colgan (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT (Daughter) Address Mrs. Fanchon Hudson, 7143 Grand 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) <u><i>Arteriosclerotic Cardiovascular disease</i></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) <u><i>Diabetes mellitus, generalized arteriosclerosis</i></u>			INTERVAL BETWEEN ONSET AND DEATH 4221
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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><i>2-26-56</i></u> to <u><i>12-19-58</i></u> and last saw her ^{her} _{him} alive on <u><i>12-18-58</i></u> Death occurred at <u><i>2:15 pm</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u><i>H. A. Underwood, M.D.</i></u> (Degree or title)		22b. ADDRESS <u><i>5100 E. 24th St. K.C. Mo</i></u>	22c. DATE SIGNED <u><i>12/20/58</i></u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 22 Dec. 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or country) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost		25. DATE RECD. BY LOCAL REG. <u><i>12-21-58</i></u>	26. REGISTRAR'S SIGNATURE <u><i>Neva Marshall</i></u>

H. A. Underwood USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. A. Underwood
5100 E 24th
Sat after 3:00 P.M.

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 *J. Virgil Herwick*
Licensed Embalmer No. *3599*
P. O. Address *J. P. 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.