

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044039

STATE FILE NUMBER

FILED JAN 9 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6036

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Riverside</u> ⁸³⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hosp.</u>		Length of stay in lb <u>4 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>R# 1</u>
3. NAME OF DECEASED (Type or print) First <u>George E.</u> Middle <u>Collins</u> Last <u>Collins</u>		4. DATE OF DEATH Month <u>11</u> Day <u>12</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 15, 1933</u>
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fashionbilt Hamm Co. Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay Co.</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hesseltan R. Collins</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruby Wright</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 1954-1956</u>		16. SOCIAL SECURITY NO. <u>488-36-4049</u>	17. INFORMANT <u>Mrs. Leila M. Edgell, 5 C. No. 16</u> Address <u>313 Bridge</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>Fract. & Hemorrhage resulting from</u> DUE TO (b) <u>Multiple skull fractures - massive</u> DUE TO (c) <u>subdural & Epidural hemorrhage</u>			19. INTERVAL BETWEEN ONSET AND DEATH
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? 1 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.) <u>car accident</u>		
20c. TIME OF INJURY Hour <u>1:00</u> Month, Day, Year a.m. <u>12-23-58</u> p.m.	20e. PLACE OF INJURY (e.g., in or about home, store, factory, street, office bldg., etc.) <u>W. 8th St</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Clay</u> COUNTY <u>Mo</u> STATE <u>Mo</u>	
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 <u>Dr. C. Kealhofer</u> (Degree or title)		22b. ADDRESS <u>6627 Prairie St, Overland Park, Mo</u>	
22c. DATE SIGNED <u>12-21-58</u>		22d. SIGNATURE <u>Leila M. Edgell</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem, Riverside</u>	23d. LOCATION (City, town, or county) (State) <u>Mo</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomer, 21 K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Peter B. Leggett*

Licensed Embalmer No. *4223*

P. O. Address *15 E 7th*

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.