

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001246

STATE FILE NUMBER
135

FILED JAN 21 1959

Registration District No. _____

149

Primary Registration District No. _____

1002

Registration No. _____

135

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) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. 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 INSTITUTION Research Hospital			Length of stay in lb 40 yrs		d. STREET ADDRESS 3425 Kenwood		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES E. COLLIER				4. DATE OF DEATH Month Day Year Jan 8 1959				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 1, 1891		9. AGE (In years last birthday) 67	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Columbus, Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Wm. Golding			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE George E. Collier		
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. 494-14-0332-A		17. INFORMANT Address N. K. N. College Robert W. Collier, 3644 N. College				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Cerebral arteriosclerosis							DUE TO (c) 200X	
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? YES <input type="checkbox"/> NO <input checked="" 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, Year 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, store, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 12-6-58 to 1-8-59 and last saw ^{him} live on 1-8-59 Death occurred at 5:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Martin J. Mueller M.D.				22b. ADDRESS 535 Angyle Bldg			22c. DATE SIGNED 1-9-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-12-1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home Woodland-Linwood				25. DATE RECD. BY LOCAL REG. 1-9-59		26. REGISTRAR'S SIGNATURE Neva Minshall		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. Martin
Single body

12-4 Pm

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 Parteau*

Licensed Embalmer No. *4903*

P. O. Address *K C 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.