

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017660

Filed JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER REGISTRAR'S NO. 2501

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1015 E. 29th		d. STREET ADDRESS (If outside, give location) 1015 E. 29th	
3. NAME OF DECEASED (Type or print) First MYRTLE Middle E. Last COLLINS		4. DATE OF DEATH Month May Day 18 Year 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 Sept. 3, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		11. BIRTHPLACE (City and state or country) Clinton, Mo.	
13a. FATHER'S NAME Henry Kratz		14. NAME OF HUSBAND OR WIFE Ray Collins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Broadview, Illinois John H. Sefren, 2300 So. 22nd Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Hypertension			INTERVAL BETWEEN ONSET AND DEATH sudden 5 yrs 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X			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"/> NO		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NO	
20c. TIME OF INJURY Hour NO Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) NO	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City	
21. I attended the deceased from June 1957 to May 18, 1959 and last saw her alive on May 18, 1959 Death occurred at _____ m on the _____ day stated above; and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 8-19-59	
22a. SIGNATURE M. B. Casebolt (Degree or title)		22b. ADDRESS 4000 Baltimore	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-21-1959	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home Woodland-Linwood		25. DATE RECD. BY LOCAL REG. 5-20-59	
26. REGISTRAR'S SIGNATURE Neva Minchall			

M. B. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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 *Melvin Barton*

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.