

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>57 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>608 1/2 E. 9th</b>
3. NAME OF DECEASED (Type or print) First <b>RAY</b> Middle <b>A.</b> Last <b>COLLINS</b>		4. DATE OF DEATH Month <b>Jan</b> Day <b>20</b> Year <b>1960</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>30 July 1902</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-----------------------	----------------------------------	---	---	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beauty Operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Peabody, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	--	--	--

13a. FATHER'S NAME <b>Julius G. Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah P. Nightwine</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-22-1715</b>	17. INFORMANT <b>Independence, Mo.</b> <b>Mrs. Mildred Ward, 1026 N. Osage St.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>acute peripheral vascular collapse</b>		<b>five days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>acute myocardial infarction</b>	<b>same</b>
	DUE TO (c) <b>coronary artery sclerosis</b>	<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Kansas City, Mo.</b>	COUNTY <b>Jackson</b>	STATE <b>Mo.</b>
--	--	---	--------------------------	---------------------

21. I attended the deceased from 1-17-60, to 1-20-60 and last saw her/him alive on 1-20-60.  
Death occurred at 1-20-60 6:40P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William Karl Graham</i>	22b. ADDRESS <b>7548 Leavenworth</b>	22c. DATE SIGNED <b>1/29/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial &amp; removal</b>	23b. DATE <b>1-23-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
23d. LOCATION (City, town, or county) <b>K. C., Ks.</b>		

24. FUNERAL DIRECTOR <b>Melody-Mc Gilley-Eylar Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>1-21-60</b>	26. REGISTRAR'S SIGNATURE <i>new minshall</i>
--	--	--

Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF WILLIAM KARL GRAHAM MEDICAL CERTIFICATION

