

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010867

FILED VS APR 4 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1597

STATE FILE NUMBER

INDEXED

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		Length of stay in 1b 40yrs.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 WEST 70th TERR			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 428 WEST 70th TERR		
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J. COLLINS			4. DATE OF DEATH Month Day Year MARCH 16, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APRIL 7, 1890	9. AGE (last birthday) 69yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERINTENDENT OF TELEPHONE CO.		10b. KIND OF BUSINESS OR INDUSTRY LAKE CHARLES LOUISIANA	12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME THOMAS COLLINS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MINNIE J. COLLINS		
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. 486 03 7618	17. INFORMANT Address MINNIE J. COLLINS 428 W. 70th TERR			
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) Dissecting Aortic Aneurysm					12 hours	
DUE TO (b) Athero sclerosis, Generalized					Indefinite	
DUE TO (c) _____					_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus					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 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 a.m. p.m. Month, Day, Year						
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		COUNTY STATE	
21. I attended the deceased from 7/22/59 to 3/15/60 and last saw her alive on 3/15/60 Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Morgan U. Stockwell M.D.			22b. ADDRESS 2500 Johnson Dr. K.C.3, Ks.		22c. DATE SIGNED 3/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3 19 60	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KC.MO.			25. DATE RECD. BY LOCAL REG. 3-18-60	26. REGISTRAR'S SIGNATURE Merv Minshel		

DOCUMENT

BY AFFIDAVIT OF MORGAN U. STOCKWELL, MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles H. Brown

Licensed Embalmer No. 493

P. O. Address K.E.

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.