

FILED VS MAY 27 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-019334

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 2717

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8601 E. 55 Street</b>			Length of stay in 1b <b>74 Years</b>		d. STREET ADDRESS (If outside, give location) <b>8601 E 55 Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LERA</b> Middle <b>HERFORD</b> Last <b>COLLINGS</b>				4. DATE OF DEATH Month <b>May</b> Day <b>15</b> Year <b>1960</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 4, 1868</b>		9. AGE (In years last birthday) <b>92</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXXXXXXXXXXX</b>		11. BIRTHPLACE (City and state or country) <b>Westport Landing, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Darius D. Gregg</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Harper</b>			14. NAME OF HUSBAND OR WIFE <b>Alfred John Collings</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XXXXXXXX</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Ernest G. Collings, 6016 Blue Ridge Blvd. Raytown, Missouri.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma of Caecum (primary)</b> DUE TO (c) <b>153.0</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>4 years</b>	
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? <b>2 YES</b> <input type="checkbox"/> <b>NO</b> <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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1946</u> to <u>May 15, 1960</u> and last saw her alive on <u>May 15, 1960</u> Death occurred at <u>9:15 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>D. M. Eubank M.D.</b>				22b. ADDRESS <b>9406 E 63rd Raytown Mo</b>		22c. DATE SIGNED <b>5-17-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brooking Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Raytown Mo.</b>		
24. FUNERAL DIRECTOR <b>E. Clark Pegert, Raytown, Missouri.</b>				25. DATE RECD BY LOCAL REG. <b>5-18-60</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

securing life medical certification in the specific manner required by 193.140 MoRS 1949.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 D. M. Eubank

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  .....  
E. Clark Fegert

Licensed Embalmer No. 3983.....

P. O. Address Raytown, Missouri.

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.