

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

-60-026780

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3582

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in lb 3 1/2 Months	c. CITY OR TOWN ATHERTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2702 LINWOOD	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS NONE	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First LUCY	Middle COLLIER	Last	4. DATE OF DEATH	Month JULY	Day 8,	Year 1960
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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 12-15-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) ATHERTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME FREDRICK SHRANK	13b. MOTHER'S MAIDEN NAME SALLY ROBERTS	14. NAME OF HUSBAND OR WIFE GEORGE COLLIER, DEC'D.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. PATRICIA KLUTH, 2611 E. 31st St., K.C., MO.	Address
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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) Coronary Thrombosis	acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease	10 yrs.
DUE TO (c) Diabetes	about 20 yrs.

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"/> N- <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year 1
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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 JACKSON COUNTY, MISSOURI
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21. I attended the deceased from March 30, 1960 to July 8, 1960 and last saw her alive on July 6-1960 Death occurred at 7:27 p.m. July 8, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) A. B. Boyer D.O.	22b. ADDRESS 5529 Troost KC Mo	22c. DATE SIGNED July 9, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-10-60	23c. NAME OF CEMETERY OR CREMATORY SALEM CEMETERY	23d. LOCATION (City, town, or county) (State) JACKSON COUNTY, MISSOURI
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24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-11-60	26. REGISTRAR'S SIGNATURE Tera Minshall
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DOCUMENT

MEDICAL CERTIFICATION

A. B. Boyer

BY AFFIDAVIT OF

1842

Dr Boyer
5529 Forest
Hillsdale

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 A. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indy, Ma

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.