

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5449

STATE FILE NUMBER

FILED DEC 1 1961

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		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b <u>1 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VILLAGE GREEN 4522 PLYMOUTH COURT		d. STREET ADDRESS (If outside, give location) VILLAGE GREEN 4522 PLYMOUTH COURT	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JAMES Middle NONE Last COLLARD	4. DATE OF DEATH Month OCTOBER Day 31 Year 1961
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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 7/30/20	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER & OWNER	10b. KIND OF BUSINESS OR INDUSTRY RESTAURANTS	11. BIRTHPLACE (City and state or country) BIRMINGHAM, ALABAMA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ERNEST R. COLLARD	13b. MOTHER'S MAIDEN NAME SUSAN/RUTH BOWEN	14. NAME OF HUSBAND OR WIFE CHRISTINE A. COLLARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	16. SOCIAL SECURITY NO. WORLD WAR II	17. INFORMANT CHRISTINE I. COLLARD Address 4522 PLYMOUTH CT. K.C.MO.
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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: IMMEDIATE CAUSE (a) <u>Deadly lab exam</u> Strangulation from aspiration of stomach contents.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) unknown
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20c. TIME OF INJURY Hour _____ Month, Day, Year 10-31-61	20d. INJURY OCCURRED WHILE AT WORK <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.) home	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:30 A. m 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) <u>[Signature]</u>	22b. ADDRESS <u>6627 Prudett St, Overland Park, Mo.</u>	22c. DATE SIGNED <u>10-31-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 31, '61	23c. NAME OF CEMETERY OR CREMATORY CAMDEN CEMETERY	23d. LOCATION (City, town, or county) (State) CAMDEN, TENNESSEE
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1531 BRUSH CR. KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 11-1-61	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE REVISED: 11-3-61
INSIDE OF: 11-3-61
INSTEAD OF: Birmingham, Tennessee
Susan Bowen
DOCUMENT
BY AFFIDAVIT OF: Funeral Home
Geo. C. Kealhofer MEDICAL CERTIFICATION
Birmingham, Alabama
Ruth Bowen
13b

AS DEC 1 1961

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 *[Handwritten Signature]*

Licensed Embalmer No. 3035

P. O. Address *[Handwritten Address]*

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.