

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001507
337 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10.02 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Philip Saper

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo		Length of stay in 1b 1 Week	c. CITY OR TOWN El Dorado Springs Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alfred Middle Robert Last Collings			4. DATE OF DEATH Month Jan Day 18 Year 1963
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 6-8-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Jackson County		10b. KIND OF BUSINESS OR INDUSTRY Park Board	9. AGE (last birthday) 70
11. BIRTHPLACE (City and state or country) Jackson County, MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Alfred J. Collings		13b. MOTHER'S MAIDEN NAME Lera Gregg	14. NAME OF HUSBAND OR WIFE Zeta M. Collings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Zeta M. Collings		Address El Dorado Springs Mo	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease DUE TO (b) generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ 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 1/11/63 to 1/18/63 and last saw him alive on 1/17/63 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Philip Saper</i> (Degree or title) MD		22b. ADDRESS Lewis Summit Mo	22c. DATE SIGNED 1/18/63
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE Jan 19, 1963	23c. NAME OF CEMETERY OR CREMATORY Brookings Cemetery
23d. LOCATION (City, town, or county) Kansas City Missouri		24. FUNERAL DIRECTOR ADDRESS Roland R Speaks Funeral Home Independence	
25. DATE RECD. BY LOCAL REG. 1-19-63		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. Mo.

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.