

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0033282

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4773

FILED SEP 15 1966

VS 300  
Rev. 4/59

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2 3868  
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4 0  
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9 420.1  
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12 50.0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

John K. Caldwell, M.D.

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City   |  | c. CITY OR TOWN Kansas City  |  |
| Length of stay in lb<br>3 years  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Baptist Memorial Hospital   |  | d. STREET ADDRESS (If outside, give location)<br>6701 Oak Street   |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or print) CHARLES COLLETT   |  | 4. DATE OF DEATH<br>September 6 1966   |  |
| 5. SEX Male  |  | 6. COLOR OR RACE White   |  |
| 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  |  | 8. DATE OF BIRTH 4-7-1879  |  |
| 9. AGE (last birthday) 87  |  | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Clerk   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Railroad  |  |
| 11. BIRTHPLACE (City and state or country)<br>Near California, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY<br>USA   |  |
| 13a. FATHER'S NAME<br>James Collett  |  | 13b. MOTHER'S MAIDEN NAME<br>Catharine Reichel   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Anna Collett  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |  | 16. SOCIAL SECURITY NO.<br>702-14-4144   |  |
| 17. INFORMANT<br>Dow Broyles, 6701 Oak Street, K.C., Mo.   |  | Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Myocardial Degeneration<br>DUE TO (b) Coronary Atherosclerosis<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 wks<br>1 year  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Chronic Pyelonephritis  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 Sept. 1, 1965 to Sept. 6, 1966 and last saw him alive on Sept. 5, 1966<br>Death occurred at 2:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br>John K. Caldwell M.D.  |  | 22b. ADDRESS 306 E 12 St.<br>Kansas City, Mo.  |  |
| 22c. DATE SIGNED<br>9/6/66   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  | 23b. DATE<br>Sept. 6, 1966   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br>California City Cemetery   |  | 23d. LOCATION (City, town, or county) (State)<br>California Missouri   |  |
| 24. FUNERAL DIRECTOR<br>Stine & McClure, 3235 Gillham Plaza, Kansas City, Missouri.  |  | 25. DATE RECD. BY LOCAL REG. 9-6-66  |  |
| 26. REGISTRAR'S SIGNATURE<br>Beulah Yancy  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. John K. Caldwell  
Baptist Hospital 9 AM

*Dr. J. K. Caldwell  
Baptist Hospital  
9 AM*

# 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

*Frederick B. Yeller*

Licensed Embalmer No. 5555

P. O. Address Kansas City, 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.