

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

42381

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Flinthill</b>		d. STREET ADDRESS (If rural, give location) <b>Flinthill</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>D.</b> c. (Last) <b>Collins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 30th 1948</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 24, 1902</b>
9. AGE (In years last birthday) <b>46</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marine Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Sohio Oil Co.</b>
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Cornelius Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Matter</b>	
14. NAME OF HUSBAND OR WIFE <b>Sadie Durbin COLLINS</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>492-12-1113</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Sadie Collins Flinthill Cape Girardeau Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>94B</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>angina pectoris</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1/20</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 26, 1948</b> , to <b>Dec 30, 1948</b> , that I last saw the deceased alive on <b>Dec 28, 1948</b> , and that death occurred at <b>1:35 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>B.M. Stevenson D.O.</b>		23b. ADDRESS <b>Hirsch Building - Cape Girardeau Mo</b>	
23c. DATE SIGNED <b>Jan 10 - 1949</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Jan 1, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorimer Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. G. Haman Cape Girardeau Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 10 - 49</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

76  
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RECEIVED

Health Officer No. 4

File Number 149-84

Date Filed 1-17-49

APR 22 1949

APR 22 1950

OCT 26 1950

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.

Signed Howard B. Hansen

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.