

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30161**

FILED OCT 1 1949

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3952</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		d. STREET ADDRESS (If rural, give location) <b>5725 GRAND AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUNE'S HOSPITAL</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 14 1949</b>			
3. NAME OF DECEASED a. (First) <b>Albert</b>		b. (Middle) <b>NEWTON</b>		c. (Last) <b>Collins</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>MAY-9-1871</b>	
9. AGE (In years last birthday) <b>78 YEARS</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED EXECUTIVE DEPARTMENT STORE</b>		11. BIRTHPLACE (State or foreign country) <b>RICH HILL, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>COLLINS</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. UNKNOWN COLLINS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>317-03-2252</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ALBERTINE P. SHIPMAN</b> ADDRESS <b>122 EAST 59TH STREET KANSAS CITY, MO.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemopericardium</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rupture of aorta</b> DUE TO (c) <b>Necrosis aortae idiopathica cystica</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>45ix</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>Sept 14 1949</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. C. H. Schmidt</b> (Print name or title)				23b. ADDRESS <b>St. Luke's Hospital</b>		23c. DATE SIGNED <b>14 Sept 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>SEPT-15-1949</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>INDIANAPOLIS, INDIANA</b>	
DATE REC'D BY LOCAL REG. <b>9-15-49</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. H. Newcomer Sons</b> ADDRESS <b>1331-BRUSH CORNBUD KANSAS CITY, MO.</b>			

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

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**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 .....  
Student Embalmer

Signed.....

*Doyle L. Dams*

Licensed Embalmer No. *4702*

P. O. Address *Tommo*

**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.