

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30686

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 290

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, write RURAL and give OR TOWN Independence		c. LENGTH OF STAY (in this place) 20 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) 48, OR TOWN Independence		d. STREET ADDRESS (If rural, give location) 127 South Fuller
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) COLLINS c. (Last) COLLINS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sep't. 1, 1860		9. AGE (In years last birthday) 89 0 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tonawanda, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Peslin		13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE E.C. Collins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer Fumal, Independence, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis with occluding a major cardiac infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days 4201
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 Oct. 8, 1949, to Oct. 17, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 12:40 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Chas. Triabaki (Degree or title)			23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 9/17/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/18/49	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Appleton, Wisconsin	
DATE REC'D BY LOCAL REG. Sept. 18, 1949	REGISTRAR'S SIGNATURE	354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300

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

Goland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.