

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 96

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri c. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal	
c. LENGTH OF STAY (In this place) 2 yrs.		0060	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home Liberal Mo.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle) (No)	c. (Last) Collins	4. DATE OF DEATH (Month) (Day) (Year)	Jan 1 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-7-1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Of Way	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Bethany, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Benjamin Collins	13b. MOTHER'S MAIDEN NAME Emma Goucher	14. NAME OF HUSBAND OR WIFE Abbie (Weber) Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Amer.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Abbie Collins, Liberal, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 6 Months 151X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stomach cancer		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Liberal Barton Mo
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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?
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22. I hereby certify that I attended the deceased from **Oct 1, 1949, to Dec 31, 1949** that I last saw the deceased alive on **Dec 31, 1949**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.R. Guldner M.D.	23b. ADDRESS L.A.M.A.R.I. Mo.	23c. DATE SIGNED Jan 2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/3/50	24c. NAME OF CEMETERY OR CREMATORY West Liberty Cem.	24d. LOCATION (City, town, or county) (State) Fulton, Kansas.
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DATE REC'D BY LOCAL REG. Jan 3, 1950	REGISTRAR'S SIGNATURE Charlotte McDowell	420	25. FUNERAL DIRECTOR'S SIGNATURE The Konantz Mortuary, Fort Scott, Ks.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 12 1950
District Health Office No. 6,
District File Number 150-65
Date Filed 1-12-50

MAR 20 1950

1950 4 2 11/77

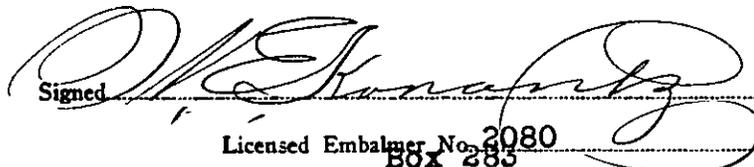
STATEMENT BY LICENSED EMBALMER

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 _____
Student Embalmer

Signed 
Licensed Embalmer No. 2080
Box 283

P. O. Address Fort Scott, Kansas.

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.