S. No. 300
V. 10.28

FILED SEP 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31017

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Springs
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 202 N. GRAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Springs 0201
d. STREET ADDRESS (If rural, give location) 202 N. Grand

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) D c. (Last) Collins

4. DATE OF DEATH (Month) Sept. (Day) 17, (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Jan 9 1880 72
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and State or Foreign Country) Arcadia Kan. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Collins
13b. MOTHER'S MAIDEN NAME Mary Suffelbaum
14. NAME OF HUSBAND OR WIFE Estella Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Estella Collins ADDRESS 202 N. Grand El Dorado Sp. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Starvation & Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Heart Disease
DUE TO (c) Dilated Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. anemia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4214
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to Sept 17, 1952 that I last saw the deceased alive on Sept 16 1952 and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE L. F. Dinamore (Degree or title) M.D.
23b. ADDRESS El Dorado Sp.
23c. DATE SIGNED 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 11
24b. DATE Sept. 19 1952
24c. NAME OF CEMETERY OR CREMATORY Virgil City
24d. LOCATION (City, town, or county) Virgil City Mo. (State)

DATE REC'D BY LOCAL REG. Sept. 19, 1952
REGISTRAR'S SIGNATURE Leo L. Knowlton Deputy George W. Nolus
25. FUNERAL DIRECTOR'S SIGNATURE Hugh S. Allen ADDRESS

418-0

(Licensed Embalmer's Statement on Reverse Side)

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

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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Dorado Springs, 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.