

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spg. Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spg. Mo	
c. LENGTH OF STAY (In this place) 82		d. STREET ADDRESS (If rural, give location) 10270	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) HADEN- H- COLLINS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1-30-1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-14-1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 16
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Jerico Spg. Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Simon P. Collins	13b. MOTHER'S MAIDEN NAME Betty Boston	14. NAME OF HUSBAND OR WIFE Emily J. 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME B. H. Collins	ADDRESS Jerico Spg. Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Influenza		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis of Spinal Cord		6 yrs
	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 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)
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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 12-24, 1952, to 1-30, 1953, that I last saw the deceased alive on 1-30, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Bannister MD	(Degree or title)	23b. ADDRESS Jerico Spg. Mo	23c. DATE SIGNED 2-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-1-53	24c. NAME OF CEMETERY OR CREMATORY Brush Cemetery	24d. LOCATION (City, town, or county) (State) 37.20 Jerico Spg. Mo
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DATE REC'D BY LOCAL REG. 2-28-53	REGISTRAR'S SIGNATURE Norma Zimmerman	477-1	25. FUNERAL DIRECTOR'S SIGNATURE A. Long	ADDRESS Jerico Spg. Mo
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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.....

Licensed Embalmer No. 3714

P. O. Address James City, Va

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.