

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24205

State File No.

3164

FILED JUL 17 1953

BIRTH NO. REG. DIST. NO. 39.3 PRIMARY REG. DIST. NO. 1002 Registrar's No.

| | | | | | |
|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CLAY</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY NORTH</u> | | c. LENGTH OF STAY (In this place) <u>2 YRS</u> | c. CITY OR TOWN <u>KANSAS CITY NORTH</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>528 GREENFIELD Rd</u> | | | e. STREET ADDRESS (If rural, give location) <u>1140 528 GREENFIELD Rd</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>L.</u> c. (Last) <u>Collins</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 20 1953</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u> | 8. DATE OF BIRTH <u>Dec 20, 1890</u> | | 9. AGE (In years last birthday) <u>62</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. GYPSUM</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Raymore, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Dave Collins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Missouri</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unk Ethel May Collins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Not known</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Maxine Collins N.C.Mo.</u> | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hour</u> |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | <u>4:00</u> |
| 19a. DATE OF OPERATION <u>6/22/53</u> | | 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 <u>11:00</u> , 1953, to <u>6-20</u> , 1953, that I last saw the deceased alive on <u>June 20</u> , 1953, and that death occurred at <u>11:20</u> p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Robert H. Parker M.D.</u> | | | 23b. ADDRESS <u>2005 Fayette City Mo</u> | | DATE SIGNED <u>6/22/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>6/23/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-22-53</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's</u> | |
| | | | | ADDRESS <u>No. Kansas City Mo.</u> | |

(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.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16. 1st*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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