

FILED AUG 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. **22861**
Registrar's No. **163**

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4228**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Glasgow		c. CITY (If outside corporate limits, write RURAL and give township) Glasgow	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) BRYANT b. (Middle) WARD c. (Last) COLLINS			4. DATE OF DEATH (Month) (Day) (Year) July 29 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Sept. 24, 1889		9. AGE (In years) (Months) (Days) (Hours) (Min.) 64 10 5		10. KIND OF BUSINESS OR INDUSTRY Railroad & Street Railroad	
10a. USUAL OCCUPATION (Give kind of work during part of working life, when it changed)		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Collins		13b. MOTHER'S MAIDEN NAME Fannie Holliday		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. Not available		17. INFORMANT'S SIGNATURE OR NAME Mrs James Kintz	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Generalized Carcinomatosis		19. MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		20. ADDRESS Gainesville	

* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH probably 1 1/2 yrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epidermoid Carcinoma esophago		DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150x			

19a. DATE OF OPERATION 23 June 53		19b. MAJOR FINDINGS OF OPERATION Epidermoid Carcinoma lower esophago		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 **June 11, 1953**, to **July 29, 1954**, that I last saw the deceased alive on **July 29, 1954**, and that death occurred at **3:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William P. Allen M.D. Glasgow, Mo.		23b. ADDRESS Glasgow, Mo.		23c. DATE SIGNED 8-3-54	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		25. DATE Aug. 1, 1954		26. NAME OF CEMETERY OR CREMATORY Lincoln	
27. LOCATION (City, town, or county) (State) Glasgow, Mo.		28. FUNERAL DIRECTOR'S SIGNATURE Walker Audsley Audsley-Friemuth Glasgow Mo			

DATE REC'D BY LOCAL REG. 8-3-54		REGISTRAR'S SIGNATURE Walker Audsley Audsley-Friemuth Glasgow Mo		29. FUNERAL DIRECTOR'S SIGNATURE Walker Audsley Audsley-Friemuth Glasgow Mo	
---	--	--	--	---	--

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

0450

SEP 7 1954

AUG 5 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed: *E. L. Greemonth*

Signed.....
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.