

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36383

State File No.

FILED DEC 14 1954

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 4005 Registrar's No. 67

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| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fillmore</u> | | c. CITY OR TOWN <u>Fillmore</u> | |
| c. LENGTH OF STAY (in this place) | | d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | STREET ADDRESS (If rural, give location) <u>0020</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Bryan</u> | c. (Last) <u>Collins</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-1954</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4-16-1884</u> | 9. AGE (In years last birthday) Months Days <u>70 7 13</u> | IF UNDER 1 YEAR Hours <u>13</u> | IF UNDER 24 HRS. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>self employed clerical work</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William B. Collins</u> | 13b. MOTHER'S MAIDEN NAME <u>Agness Mackentire</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie Collins</u> |
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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. <u>487-14-6201</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Collins</u> | ADDRESS <u>Fillmore mo</u> |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 min</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis (gen)</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) |
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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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 11-30 ¹⁹54, to 11-30, 1954, that I last saw the deceased alive on 11-30, 1954, and that death occurred at 11 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. R. Holliday, MD</u> (Degree or title) | 23b. ADDRESS <u>Fillmore mo</u> | 23c. DATE SIGNED <u>12-3-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-2-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u> | 24d. LOCATION (City, town, or county) (State) <u>Fillmore mo</u> |
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| DATE REC'D BY LOCAL REG. <u>12-6-54</u> | REGISTRAR'S SIGNATURE <u>William Sparks</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> | ADDRESS <u>Savannah mo</u> |
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(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..... *E. C. Breit*

Licensed Embalmer No *2656*

P. O. Address *Savanna*

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.