

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2127**

FILED FEB 15 1955

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **38**

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| 1. PLACE OF DEATH a. COUNTY RANDOLPH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SHELBY | |
| b. CITY (If outside corporate limits, write RURAL and give township) MOBERLY | | c. LENGTH OF STAY (In this place) 5 days | c. CITY OR TOWN CLARENCE |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MCCORMICK HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS (If rural, give location) CLARENCE MO 1020 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ELDRADO | b. (Middle) | c. (Last) COLLINS | 4. DATE OF DEATH (Month) (Day) (Year) FEB 5 1955 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH OCT 31 1969 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 48 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAPORER | 10b. KIND OF BUSINESS OR INDUSTRY CARPENTER | 11. BIRTHPLACE (City and State or Foreign Country) MERCER MO | 12. CITIZEN OF WHAT COUNTRY? US |
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| 13a. FATHER'S NAME HENRY COLLINS | 13b. MOTHER'S MAIDEN NAME REBECCA ROGERS | 14. NAME OF HUSBAND OR WIFE STELLA 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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Ray Collins Moberly Mo | ADDRESS |
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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) Myocardial Failure | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral emboli | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchogenic carcinoma | | | 10/12/54 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 332 X H | 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **2-7-55**, 1955, to **2-5**, 1955, that I last saw the deceased alive on **2-5**, 1955, and that death occurred at **9:45 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Georgi P. Jolly M.D. | 23b. ADDRESS Moberly Mo | 23c. DATE SIGNED 2/7/55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-7-55 | 24c. NAME OF CEMETERY OR CREMATORY Mopland cemetery | 24d. LOCATION (City, town, or county) (State) Clarence Mo |
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| DATE REC'D BY LOCAL REG. 2-7-55 | REGISTRAR'S SIGNATURE Carroll Love | 25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Gray | ADDRESS Clarence Mo |
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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... *Charles O. Stearns*

Licensed Embalmer No. *46*

P. O. Address *Clare*

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.