

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28574

STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kinder Nursing Home, N. Main St.		d. STREET ADDRESS (If outside, give location) 601 N. Main St	
Length of stay in lb 78 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Herbert Middle JULIUS Last Collins			4. DATE OF DEATH Month 8 Day 16 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours 5 Min. 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster	10b. KIND OF BUSINESS OR INDUSTRY Road Buliding	11. BIRTHPLACE (City and state or country) Williamstown, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James A. Collins	13b. MOTHER'S MAIDEN NAME Nancy Jane Crouch	14. NAME OF HUSBAND OR WIFE Never Married
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mo. Thomas E, Collins W. Gay Warrensburg
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Exhaustion		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility	
	DUE TO (c) 4222	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 10:00 P. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Warrensburg	COUNTY Johnson	STATE Missouri
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21. I attended the deceased from Aug 18 1956 to Aug 16 1957 and last saw him alive on Aug 6 1957 Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>W. O. Phillips</i> (Doctor or title) M.D.	22b. ADDRESS Warrensburg	22c. DATE SIGNED 8-17-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	23d. LOCATION (City, town, or county) Warrensburg	STATE Missouri
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24. FUNERAL DIRECTOR Sweeney-Phillips	ADDRESS Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. Aug. 19, 1957	26. REGISTRAR'S SIGNATURE <i>Savannah Crutchfield</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *J. Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.