

Health,
& Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40889**

FILED NOV 18 1957

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 57

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>VALLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>DE SOTO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R2 DESOTO, MO</u>		Length of stay in lb <u>27 YR</u>	d. STREET ADDRESS (If outside, give location) <u>R2 DESOTO, MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>JAMES JOSEPH COLLINS</u>			4. DATE OF DEATH: <u>NOV 4 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 19 1893</u>	9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STONE CONST.</u>	11. BIRTHPLACE (City and state or country) <u>CRAWFORDVILLE IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>MICHAEL COLLINS</u>			14. MOTHER'S MAIDEN NAME <u>ALICE WILLIAMS</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>ALEATHA COLLINS</u> Address <u>R2 DESOTO, MO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchectasia - Emphysema</u> <u>Caused - in Hotel Room One</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>965X</u> DUE TO (c) <u>---</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>---</u>					INTERVAL BETWEEN ONSET AND DEATH <u>39 YR</u>
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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <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 <u>333</u> COUNTY _____ STATE _____	
21. I attended the deceased from <u>1940's</u> to <u>11-4-57</u> and last saw <u>him</u> alive on <u>11-4-57</u> Death occurred at <u>4 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Lois E. Fallis M.D.</u>			22b. ADDRESS <u>De Soto, Mo</u>		22c. DATE SIGNED <u>11-4-57</u>
23a. BURIAL (Remove if not buried)		23b. DATE <u>Nov 8, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>
24. FUNERAL DIRECTOR <u>MAHN Funeral Home</u>		ADDRESS <u>De Soto, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 8-1957</u>	26. REGISTRAR'S SIGNATURE <u>Marie S. ...</u>

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 13 1957

NOV 19 1957

DEC 6 1957

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.....

Licensed Embalmer No. 491

P. O. Address.....

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.