Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004875
STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RTH Pleasant Valley — Length of stay in 1b: 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: CLAY
c. CITY OR TOWN: Liberty — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): RT. Pleasant Valley — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: William — Middle: Milton — Last: Collins

4. DATE OF DEATH: Month: Feb — Day: 24 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: April 8 1870

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Jack Collins

13b. MOTHER'S MAIDEN NAME: Alice Tyler

14. NAME OF HUSBAND OR WIFE: Essie Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Mrs. Alice Harris 3521 E 38th Terr

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pneumonia	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pulmonary Edema x Congestion	5 da.
DUE TO (c)	Auricular Fibrillation, A.S.H.D.	3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Cerebral + Generalized 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1-28-56 to 2-23-59 and last saw him alive on 2-23-59
Death occurred at 5 00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William L. Cox M.D.

22b. ADDRESS: Liberty Mo

22c. DATE SIGNED: 2/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-26-59

23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery

23d. LOCATION (City, town, or county) (State): Liberty, Mo

24. FUNERAL DIRECTOR — ADDRESS: D.W. Newcomer Sons, M.K.C. Mo

25. DATE RECD. BY LOCAL REG.: 2-26-59

26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAR 9 1959

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HEALTH

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K. C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.