S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 1956

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30105

Primary Registration District No. 2001

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: JASPER

(b) City or town: JOPLIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1902 Wisconsin
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 78 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper

(c) City or town: Joplin
(If outside city or town limits, write "RURAL")

(d) Street No.: 1902 Wisconsin
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: OSCAR THEODORE COLLINGS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: DORA COLLINGS

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: JUNE (Month) 15 (Day) 1866 (Year)

8. AGE: Years 82 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace: Park County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation: Retkred Farmer

11. Industry or business: Farming

FATHER
12. Name: Abram Collings
13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Caroline Rush
15. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dora Collings

(b) Address: 1902 Wisconsin, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Stony Point, Missouri

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: 1502 Joplin, Joplin, Mo

19. (a) 9-28-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1948 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 8-5-48, 19..., to 9-27-48, 19..., that I last saw him alive on Friday 25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial collapse — Duration:

Due to: Uremia — 4wks

Due to: Brights Disease — unknown

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (Date signed) 9-28-48

Address: 506-7 Frisco Bldg., Joplin

(Licensed Embalmer's Statement on Reverse Side)

48-9-832

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.