

FILED JUN 27 1949

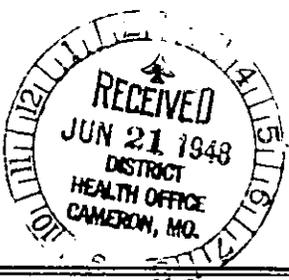
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19261

BIRTH NO. _____		REG. DIST. NO. <u>132</u>	PRIMARY REG. DIST. NO. <u>3021</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>		
b. CITY OR TOWN <u>Trenton</u>	c. LENGTH OF STAY (in this place) <u>2 hr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>		
3. NAME OF DECEASED a. (First) <u>William</u>		b. (Middle) <u>Bell</u>	c. (Last) <u>Collins</u>	4. DATE OF DEATH (Month) <u>6</u> (Day) <u>7</u> (Year) <u>1949</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 22-1873</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>	11. BIRTHPLACE (State or foreign country) <u>near Laredo Grundy Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Grundy</u>				
13a. FATHER'S NAME <u>Isaac Milton Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Ann Kelley</u>		14. NAME OF HUSBAND OR WIFE <u>Malissia Collins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Malissia Collins</u> ADDRESS <u>Laredo mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Compression of Brain - Loc of 6 days Broken Rt. Clavicle</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 30 20</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>21</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident - house on farm</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>house on farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton Grundy mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 7th 1949 11:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell through hole in floor to basement</u>		
22. I hereby certify that I attended the deceased from <u>June 7th 1949</u> , to <u>June 7th 1949</u> , that I last saw the deceased alive on <u>June 7th 1949</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Charles F. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton mo</u>		23c. DATE SIGNED <u>June 8th 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes</u>	24d. LOCATION (City, town, or county) (State) <u>near Laredo mo</u>	
DATE REC'D BY LOCAL REG. <u>6-10-49</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Laredo mo.</u>		

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

JUN 27 1949



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
Student Embalmer

Signed *E. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Laredo, Tex.*

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.