No. 200
10.48

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30105

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cullers

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
d. STREET ADDRESS (If rural, give location): 1307 East 9th

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): H.
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): 9-23-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec. 29, 1866
9. AGE (In years last birthday): 83 — If under 1 year: Months 8, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Columbus Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James E. Collins
13b. MOTHER'S MAIDEN NAME: Susannah Doan
14. NAME OF HUSBAND OR WIFE: Nora Alderson 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'S SIGNATURE OR NAME: Prince Collins — ADDRESS: Trenton, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Failure
DUE TO (c) Chronic Prostatitis with Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
6/10/7

19a. DATE OF OPERATION: 9/19/50
19b. MAJOR FINDINGS OF OPERATION: Marked urinary retention caused by prostatic obstruction
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 22, 1950, *to* Sept 23, 1950, *that I last saw the deceased alive on* Sept 23, 1950, *and that death occurred at* 3:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Clark (Degree or title): M. D.
23b. ADDRESS: Trenton, Mo.
23c. DATE SIGNED: 9/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-25-50
24c. NAME OF CEMETERY OR CREMATORY: Lucas Cemetery
24d. LOCATION (City, town, or county) (State): Grundy Co. Mo.

DATE REC'D BY LOCAL REG.: 9/25/50
REGISTRAR'S SIGNATURE: Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Davis-Blackburn, Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 13 1956
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Myself working under my personal supervision.

Student Embalmer No.....

Signed Raymond A Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 3474

P. O. Address Trenton - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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