

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40444

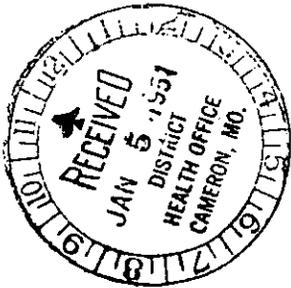
State File No. ....

BIRTH NO. 87891-50 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 171

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>Jackson</u>		
b. CITY OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (In this place) <u>4 hours.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u> <u>3178</u>		d. STREET ADDRESS (If rural, give location) <u>2120 E 7th Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY ANN Collins.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Dec 24, 1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Russell Freeman Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Junita Layson</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Collins (Father) Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</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) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>7.574</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 25th, 1950</u> , to <u>Dec 26th, 1950</u> , that I last saw the deceased alive on <u>Dec 24th, 1950</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Clair F. Duffy M.D.</u>			23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>Dec 27, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 26 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Edinburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-50</u>	REGISTRAR'S SIGNATURE <u>Lucene Feir</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davin - Blackmon Trenton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



**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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*J. Gordon Blackmer*

Student Embalmer No.....

Licensed Embalmer No. *4602*

P. O. Address *Trenton, 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.