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0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38600**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4466 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Bismarck</b>		c. CITY OR TOWN <b>Bismarck</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>George Washington</b>	b. (Middle) <b>Collins</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 1 1861</b>	9. AGE (In years, last birthday) <b>90</b>	IF UNDER 1 YEAR (Month) (Day) <b>3 2</b>	IF UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Minimum, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Moses Parker Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Elmira Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Telethia Wray Collins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Collins, Jewett Mo</b>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b>		
DUE TO (c)		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 <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-1, 1951, to 12-3, 1951, that I last saw the deceased alive on 12-2, 1951, and that death occurred at 4.00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Gas. W. Huffman</b>	23b. ADDRESS <b>Bismarck Mo.</b>	23c. DATE SIGNED <b>12-5-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Burial 12-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Collins Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Minimum Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 5, 1951</b>	REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home, Ironton Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

DISTRICT HEALTH OFFICE No. 4  
File No. DEC 21 1951

DEC 8 1951

RECEIVED

JAN 22 1953

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

*Paul J. White*

Licensed Embalmer No. 3012

P. O. Address

*Imperial Ave.*

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.