

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9257**
Registrar's No. **92**

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3046**

5742

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville, rural Polk Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 6 miles west	

3. NAME OF DECEASED (Type or Print) Richard	a. (First)	b. (Middle) Arthur	c. (Last) Collins	4. DATE OF DEATH (Month) (Day) (Year) April 6 1952
---	------------	------------------------------	-----------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 20, 1889	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Days	12. UNDER 1 HRS. Hours	13. UNDER 1 HRS. Mins.
-----------------	---------------------------	--	--	---	-------------------------	-----------------------	------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	--	---

13a. FATHER'S NAME Charles Collins	13b. MOTHER'S MAIDEN NAME Rebecca Bohmer	14. NAME OF HUSBAND OR WIFE Addie C. Collins
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Addie C. Collins, Maryville, Mo.	ADDRESS
--	-------------------------	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	b. ANTECEDENT CAUSES thrombocytopenia		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **April 1, 1952**, to **April 6, 1952**, that I last saw the deceased alive on **Apr. 6, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. J. [Signature]	(Degree or title)	23b. ADDRESS Maryville, Mo.	23c. DATE SIGNED 4-10-52
--	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 9-52	24c. NAME OF CEMETERY OR CREMATORY Graham, Mo.	24d. LOCATION (City, town, or county) (State) Graham Mo.
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. 4-12-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
--	---	---	---------

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

SEP 4 1952

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 Clem M. Pucci

Licensed Embalmer No. 1822

P. O. Address Marville, 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.