

No. 300
10-48

15147

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1002

FILED APR 19 1952
XC 1 520 658
Reg.# 100 642
BIRTH NO. _____

4000

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2</u> days		d. STREET ADDRESS (If rural, give location) <u>Illinois S & S Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>COLLTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>2-22-76</u>	9. AGE (in years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROCKFORD, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>PATRICK COLLTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIA PATTERSON</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS. MO.</u> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE FROM RIGHT LENTICULOSTRIATE ARTERY, DUE TO ARTERIOSCLEROSIS & HYPERTENSION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc.—It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS & DUE TO (b) HYPERTENSIVE VASCULAR DISEASE</u>			10 weeks
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>COMPRESSION FRACTURE T-10 & 11</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) <u>SUICIDE ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>QUINCY, ILLINOIS</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>ABOUT 2-1-52 ?</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>PT. SLIPPED & FELL DOWN SEVERAL STEPS.</u>	

22. I hereby certify that I attended the deceased from 3-11-52, 1952, to 4-14-52, 1952, and that death occurred at 3:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. KAMINSKAS</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VA HOSPITAL, JEFF. BKS. MO.</u>		23c. DATE SIGNED <u>4-15-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>ROCKFORD, ILLINOIS</u>					

DATE REC'D BY LOCAL REG. <u>4-15-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donker M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U&L CO. 7814 S. Bdwy. St. Louis, MO.</u> ADDRESS _____	
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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

Levin C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.