

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24810

State File No. _____

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u>	
c. LENGTH OF STAY <u>10 Days</u>		d. STREET ADDRESS (If rural, give location) <u>426 W 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freemans Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frances</u>	b. (Middle) <u>Virgena</u>	c. (Last) <u>Collins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 16 1914</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret White</u>	14. NAME OF HUSBAND OR WIFE <u>Glenn Collins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Collins</u>	ADDRESS <u>Galena Kansas</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric resection splenectomy</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5400</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Pentabreting Gastric ulcer Chronic gastritis splenectomy</u>	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)	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 16 July, 1952, to 23 July, 1952, that I last saw the deceased alive on 21 July, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles S Davis</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Galena Kansas</u>	23c. DATE SIGNED <u>23 July 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 23 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Galena K.</u>
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DATE REC'D BY LOCAL REG. <u>7-31-52</u>	REGISTRAR'S SIGNATURE <u>E. A. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Newman</u>	ADDRESS <u>Galena</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-8-52
Jasper County Health Office

County File Number 527/618

Date Filed 8-9-52

JAN 8
1954

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.

Signed.....
Student Embalmer

Signed *Robert Leeman*
.....

Licensed Embalmer No. *2067 Kans*

P. O. Address *Galena Kans*

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.