

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27220

State File No. ....

FILED SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>944</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (In this place) township) <u>6 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Methodist Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>2117</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0</u> d. STREET ADDRESS (If rural, give location) <u>412 E. Pauline</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>A.</u> c. (Last) <u>COLLINS-McCLAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug.</u> <u>31</u> <u>1952</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb. 16, 1946</u>		9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Troy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Milton Collins</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Hahn</u>		14. NAME OF HUSBAND OR WIFE <u>none</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 <u>Mrs. Frances McClain</u>				ADDRESS <u>St. Joseph,</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Second and Third degree burns over 1/2 the surface of the body. Admission lock, thighs and chest.</u>	
18. CAUSE OF DEATH (continued) * This does not mean the mode of dying, such as heart failure, ashenia, 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>Child was fatally burned while playing in the home of her grand mother 412 Pauline, St. Joseph, Mo.</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>E 9160</u> <u>16</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION <u>clothing caught on fire, 131</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>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>St. Joseph Buchanan Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 30 - 1952 7:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Clothing Caught on fire</u>	
22. I hereby certify that I <del>attended</del> <u>viewed</u> the deceased from <u>9/1</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Munday M.D. Coroner</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>9/1/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Sept 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Covert</u>		GENERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John Roy Stoney* .....

Licensed Embalmer No. *2435* .....

P. O. Address *St. Joseph* .....

**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.