

STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1952

State File No. 2001 Registrar's No. 479

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) Joplin
 c. LENGTH OF STAY (in this place) 2 weeks
 d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri
 b. COUNTY Jasper
 c. CITY (If outside corporate limits, write RURAL and give township) Joplin
 d. STREET ADDRESS 802 Porter Ave

3. NAME OF DECEASED (Type or Print)
 a. (First) John
 b. (Middle) William
 c. (Last) Collins
 4. DATE OF DEATH (Month) (Day) (Year) 10-31-1952

5. SEX Male
 6. COLOR OR RACE white
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
 8. DATE OF BIRTH 8-14-1909
 9. AGE (In years last birthday) 43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter + Carpenter
 10b. KIND OF BUSINESS OR INDUSTRY Building
 11. BIRTHPLACE (City and State or Foreign Country) Joplin, Mo.
 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George R. Collins
 13b. MOTHER'S MAIDEN NAME Margaret Cox
 14. NAME OF HUSBAND OR WIFE Clemence Lene Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clemence Lene Collins 802 Porter Joplin, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Rheumatic heart disease with failure 1 yr.
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 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.
 Cor Pulmonale
 Chronic Bronchitis + Pulmonary Fibrosis
 19a. DATE OF OPERATION _____
 19b. MAJOR FINDINGS OF OPERATION _____
 20. AUTOPSY? YES NO

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) _____
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-15, 1952, to 10-31, 1952, that I last saw the deceased alive on 10-31, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Korbela
 23b. ADDRESS 805 Fresno Bldg. Joplin, Mo.
 23c. DATE SIGNED 11-3-52

24a. BURIAL, CREMATION-REMOVAL (Specify) Burial
 24b. DATE 11-3-1952
 24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
 24d. LOCATION (City, town, or county) (State) Joplin, Mo.

DATE REC'D BY LOCAL REG. 11-7-52
 REGISTRAR'S SIGNATURE Ed J. James 134
 25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Shankel-O'Leary Machinery Joplin, Mo.
 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-12-52
Jasper County Health Office

County File Number 52/11/869

Date Filed 11-12-52

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 *E. A. Thorne*

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.