

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44382

State File No. ....

FILED DEC 30 1952		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6276		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp. 6276</b>				c. LENGTH OF STAY (In this place) <b>15 years.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Twp. 1130</b>			
				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) <b>Charlie</b>				a. (First) <b>Charlie</b>		b. (Middle) <b>Collins</b>	
c. (Last) <b>Collins</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>December 19, 1952</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>May 14, 1873</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 1 MRS. Hours <b>0</b> Min. <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired blacksmith</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith shop</b>			
11. BIRTHPLACE (State or foreign country) <b>Iowa</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>Josiah Collins</b>				13b. MOTHER'S MAIDEN NAME <b>Amenda Reed</b>			
14. NAME OF HUSBAND OR WIFE <b>None</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Floyd Collins - Sheridan, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES <b>Arteriosclerosis</b>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>				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) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 17, 1952</b> , to <b>Dec 19, 1952</b> , that I last saw the deceased alive on <b>Dec 18, 1952</b> , and that death occurred at <b>8 a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>B. J. Foster</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Marionville Mo</b>			
23c. DATE SIGNED <b>12-23-52</b>				24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			
24b. DATE <b>12-20-1952</b>				24c. NAME OF CEMETERY OR CREMATORY <b>Brethren Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>Nodaway County, Missouri</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Arch C. Dunfee</b> ADDRESS <b>Frank City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Dec 24, 1952</b>				REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Bill Dunfee, Student Embalmer No. H 45  
working under my personal supervision.

Student Bill Dunfee  
Student Embalmer

Signed

Arch C Dunfee  
Licensed Embalmer No. 3252

P. O. Address Grant City, 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.