

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1143

State File No.

BIRTH (Mo) FEB 9 1953 REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 5466 Registrar's No. 131

390
2

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

1. PLACE OF DEATH a. COUNTY Green		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Virginia b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, -S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bristol (Rural) 8450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS (If rural, give location) Box 337, Route No. 3 8	

3. NAME OF DECEASED (Type or Print) a. (First) HAGON	b. (Middle) LEE	c. (Last) COLLINS	4. DATE OF DEATH (Month) (Day) (Year) February 2 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1929	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 8	IF UNDER 1 WEEK Days 4	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Charles Collins	13b. MOTHER'S MAIDEN NAME Pearl (?) Collins	14. NAME OF HUSBAND OR WIFE Anne (Wakefield) Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Nov. 1945-Jan. 1947	16. SOCIAL SECURITY NO. 230-32-7872	17. INFORMANT'S SIGNATURE OR NAME ADDRESS File: M.C.F.P., Springfield, Missouri
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18. CAUSE OF DEATH June 1947-Nov. 1950 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of right testis with generalized metastasis.		INTERVAL BETWEEN ONSET AND DEATH
	* ANTECEDENT CAUSES Morbidity 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. 178X		

19a. DATE OF OPERATION *****	19b. MAJOR FINDINGS OF OPERATION *****	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 July 12, 1952, to February 2, 1953, that I last saw the deceased alive on February 2, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D., Clinical Director	(Degree or title) 0	23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Missouri	23c. DATE SIGNED 2-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/3/1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Bristol, Virginia
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DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AYRE-GOODWIN FUNERAL SERVICE, Spg. Mo
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Harry C. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4594

P. O. Address. Springfield, Missouri

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.