

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 10 1953

State File No. **11392**
Registrar's No. **3224**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3224		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 10 years		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4365 W. Belle Place				
3. NAME OF DECEASED (Type or Print) Crawford			a. (First)			b. (Middle)		
c. (Last) Collins			4. DATE OF DEATH			(Month) (Day) (Year) March 19, 1953		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 8, 1925		
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months 7		IF UNDER 12 HRS. Hours 11		Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bell Boy			10b. KIND OF BUSINESS OR INDUSTRY McArthur Hotel			11. BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME Cornelius Collins			13b. MOTHER'S MAIDEN NAME Lucille Poags		
14. NAME OF HUSBAND OR WIFE None			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. 427-20-8810		
17. INFORMANT'S SIGNATURE OR NAME Essex Collins			ADDRESS 3500 Lawton Blvd.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Justifiable Homicide		
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound penetrating brain, suffered when shot with .38 S&W (col) after being shot by Bentley in store at 1254 No Taylor Ave about 3:06 pm. Mar 19 1953			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death deceased in store at 1254 No Taylor Ave about 3:06 pm. Mar 19 1953			INTERVAL BETWEEN ONSET AND DEATH None		
20. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			21. DATE OF OPERATION Mar 19 1953			22. MAJOR FINDINGS OF OPERATION Justifiable Homicide		
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			24. ACCIDENT OR SUICIDE Justifiable Homicide			25. PLACE OF INJURY (e.g., in or about home, farm, in home street, office bldg., etc.) at home		
26. CITY, TOWN, OR TOWNSHIP St Louis Mo			27. (COUNTY) St Louis Mo			28. (STATE) Mo		
29. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 19 53 3:06 pm			30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			31. HOW DID INJURY OCCUR? E981X		
32. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 p. m., from the causes and on the date stated above.								
33. SIGNATURE Joseph M. Decker			34. ADDRESS 1300 Clark			35. DATE SIGNED 3/26/53		
36. BURIAL, CREMATION, REMOVAL (Specify) Removal		37. DATE Mar. 26, 1953		38. NAME OF CEMETERY OR CREMATORY Society Ridge Cemetery		39. LOCATION (City, town, or county) (State) Jackson, Mississippi		
40. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 26 1953		41. REGISTRAR'S SIGNATURE J. Carl Smith MD		42. FUNERAL DIRECTOR'S SIGNATURE 3847 Page C. J. Nash		43. ADDRESS		

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.....
Signature of Student Embalmer

Signed *C. J. Nash*.....

Licensed Embalmer No. *24*.....

P. O. Address *38470*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.