.S. No. 300
EV. 10.48

0980
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ILED APR 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12945

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4479 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Queen City 0980
d. STREET ADDRESS (If rural, give location): d

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): Edwin
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: Sept. 6, 1906
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Putnam Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: A. T. Collins
13b. MOTHER'S MAIDEN NAME: Mary Richardson
14. NAME OF HUSBAND OR WIFE: Virginia Blanche Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: ~~H. R. Stoker~~ Virginia Collins Queen City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	2 weeks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Diffuse Glomerulonephritis	2 years
DUE TO (c)	Diabetes mellitis	22 years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral thrombosis	4 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260X
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) m.
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* Sept, 1951, *to* April 4, 1953, *that I last saw the deceased alive on* April 4, 1953, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Stoker, DO
23b. ADDRESS: Kirksville, Mo
23c. DATE SIGNED: April 4, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-53
24c. NAME OF CEMETERY OR CREMATORY: Tarr Cemetery
24d. LOCATION (City, town, or county) (State): Queen City Mo.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jack C. Dooley Queen City Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1961

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 Jack R. Dooley

Licensed Embalmer No. 4169

P. O. Address Queen 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.