

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18742**

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5719</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>MILLER</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>MILLER</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		OR TOWN <u>0661</u>		OR TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eldon Golf Course 1 mi. S. of Eldon</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>EARL</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>Collins</u>	Month <u>MAY</u>	Day <u>24</u>	Year <u>1953</u>	M <u>0</u>	F <u>MALE</u>
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 13, 1891</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ELMER P. COLLINS</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE COMBS</u>			14. NAME OF HUSBAND OR WIFE'S <u>HAZEL COLLINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. P. Collins</u>		ADDRESS <u>Eldon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary occlusion</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		II. OTHER SIGNIFICANT CONDITIONS _____				III. ANTECEDENT CAUSES _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Hypertension - Sclerosis 4 or 5 + angina</u>				DUE TO (b) _____	
		DUE TO (c) _____					
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				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) <u>4201</u>			
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 <u>4/15/48</u> , 19 <u>48</u> to <u>5/24</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>5/24</u> , 19 <u>53</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.M. Allee</u> (Degree or title) _____			23b. ADDRESS <u>Eldon Mo.</u>			23c. DATE SIGNED <u>5/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 26, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, of county) (State) <u>Eldon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 25, 53</u>		REGISTRAR'S SIGNATURE <u>Edw. Veretta Walz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

3660
3

JUN 5 1950

DEPARTMENT

OCT 21 1950

JUN 8 1950

MAY 22 1950

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

Louis D. Phillips

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedford*

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.