

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH I VOL. 39435

FILED NOV 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2220494 Registrar's No. 50613

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if institution) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>2025 EMPIRE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <b>AMANDA</b> b. (Middle) <b>Collins</b> c. (Last) <b>Collins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 11, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>March 26, 1869</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		9. AGE (In years last birthday) <b>84</b>		10. MONTHS <b>7</b> DAYS <b>15</b> HOURS <b></b> MINS. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					

13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Parker</b>		14. NAME OF HUSBAND OR WIFE <b>George Collins</b>	
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 <b>Mr. Perl Collins Joplin, Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b>	
		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>4343</b>	
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 **3-13, 1952**, to **11-11, 1953**, that I last saw the deceased alive on **11-11, 1953**, and that death occurred at **5:55 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Alice Albers MD</b>		23b. ADDRESS <b>1923 SERGEANT</b>		23c. DATE SIGNED <b>11-11-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11/15/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLEWOOD Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>NEAR EXETER Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul D. Hunkel Cassville, Mo</b>			
DATE REC'D BY LOCAL REG. <b>11-12-53</b>		REGISTRAR'S SIGNATURE <b>Ed S. James 138</b>			

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

RECEIVED NOV 17 1953

Jasper County Health Office

County File Number 53-11-1689

*5914*  
*FOA*

Date Filed NOV 17 1953

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

*Paul D. Hinbest*

Licensed Embalmer No.

*4576*

P. O. Address

*Cassette, 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.