

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42351**
Registrar's No. **5999**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLAY	
b. CITY OR TOWN KANSAS CITY NORTH	c. LENGTH OF STAY (in this place) 33 YRS	c. CITY OR TOWN KANSAS CITY NORTH	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3900 N. EUCLID		e. STREET ADDRESS (If rural, give location) 3900 N. EUCLID 5068	
3. NAME OF DECEASED a. (First) FRANCES b. (Middle) B c. (Last) Collins		4. DATE OF DEATH (Month) (Day) (Year) DEC. 22 1953	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED-1	8. DATE OF BIRTH APR. 24, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO
13a. FATHER'S NAME John Rockers		13b. MOTHER'S MAIDEN NAME CLARA DISSLER	14. NAME OF HUSBAND OR WIFE Claude C. Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAUDE C. COLLINS R.C. 16, MO	
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) Died during Epileptic like Convulsion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Long history of Epilepsy and Angiomas 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. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 3533	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE O. S. Pate MD (Degree or title)		23b. ADDRESS North Kansas City, MO	23c. DATE SIGNED 12/23/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12/24/53	24c. NAME OF CEMETERY OR CREMATORY EAST SLOPE CEM	24d. LOCATION (City, town, or county) (State) PLATTE CO. MO
DATE REC'D BY LOCAL REG. 12.23.53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newcomers N.H.C. MO.	

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

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 *Edwin D. Hill*.....

Licensed Embalmer No. *4586*.....

P. O. Address *N.C. 16, 2nd*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.