

No. 300  
10. 48

FILED OCT 27 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

29734  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		c. CITY OR TOWN <u>Vandalia</u>	
c. LENGTH OF STAY (in this place) <u>11 years</u>		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 <u>610 West Bland</u>		f. STREET ADDRESS (If rural, give location) <u>610 West Bland</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Tracy</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>18</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>March 1875</u>
9. AGE (In years last birthday) <u>79</u>	10. KIND OF BUSINESS OR INDUSTRY <u>clay</u>	11. BIRTHPLACE <u>Middletown Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>clay</u>	11. BIRTHPLACE <u>Middletown Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Dixon</u>	
14. NAME OF HUSBAND OR WIFE <u>Kiva Dixie Collins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>442-09-1571</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Keray Durdeau</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic degenerative myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3/8/50</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>10/14</u> , 19 <u>42</u> , to <u>9/3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/3</u> , 19 <u>54</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos. J. Fugue, M.D.</u>		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>9/22/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Sept 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Vandalia Mo</u>		DATE RECD BY LOCAL REG. <u>Sept 22 1954</u>	
REGISTRAR'S SIGNATURE <u>Thallie Fugue</u>		FURNERAL DIRECTOR'S SIGNATURE <u>William D Waters</u>	
ADDRESS <u>65</u>		ADDRESS <u>Vandalia</u>	

WRITE PLAINLY—USING UNFADEING 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..... *William B. [Signature]*

Licensed Embalmer No..... *4716*

P. O. Address..... *Vandalia*

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.