

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17758

State File No. ....

No. 300  
10-48

|  |                               |   |   |  |  |   |  |  |
|--|-------------------------------|---|---|--|--|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>42</b>  |   | PRIMARY REG. DIST. NO. <b>1000</b>   |  | Registrar's No. <b>656</b>  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |   |  |  |
| b. CITY OR TOWN <b>St. Joseph</b>  |                               | c. LENGTH OF STAY (in this place) <b>18 yrs</b>   |   | c. CITY OR TOWN <b>St. Joseph</b>  |  | 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: <b>1215 Sixth Avenue</b>  |                               |   |   | e. STREET ADDRESS (If rural, give location) <b>1215 Sixth Avenue</b> <span style="float:right">011/0</span>                                  |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>JAMES</b>  |                               |   | b. (Middle) <b>W.</b>                                   |  | c. (Last) <b>COLLINS</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>June 26 1955</b> |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>  |   | 8. DATE OF BIRTH <b>June 11, 1889</b>  |  | 9. AGE (In years last birthday) <b>66</b>   | IF UNDER 1 YEAR Months Days                                  | IF UNDER 2 HRS. Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>West Virginia</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>   |  |  |
| 13a. FATHER'S NAME <b>Anoch Collins</b>  |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Magean Gibson</b>          |  | 14. NAME OF HUSBAND OR WIFE <b>None</b>                                  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>500-10-4581</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ray Hamm</b>   |  | ADDRESS <b>St. Joseph, Mo.</b>  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.               |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis, unknown</b><br>DUE TO (c) <b>4201</b> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 day.</b>  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Man died in bed at his home apparently during sleep.</b>  |                               | 19a. DATE OF OPERATION  |   |  |  | 19b. MAJOR FINDINGS OF OPERATION <b>He had complained before retiring at 10pm. of pain in his left chest and indigestion.</b>     |  | 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)  |  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                               | 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 <b>on 6/26, 1955</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:15 PM</b> , from the causes and on the date stated above. |                               |   |   |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <b>A F Mundy (Coroner) M.D.</b>   |                               |   |   | 23b. ADDRESS <b>St. Joseph, Mo.</b>  |  | 23c. DATE SIGNED <b>6/26/55</b>   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>6-28-55</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b> |   |  |  |
| DATE REC'D BY LOCAL HEALTH OFFICER <b>July 5, 1955</b>   |                               | REGISTRAR'S SIGNATURE <b>Eather M. Allison</b>  |   | FUNERAL DIRECTOR'S SIGNATURE <b>Stacey Funeral Home</b>  |  | ADDRESS <b>St. Joseph, Mo.</b>  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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 *Charles E. Bennett*.....

Licensed Embalmer No. *4672*

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