

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1955

State File No. 29931

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 2 weeks		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 207 Maiden Lane		STREET ADDRESS (If rural, give location) 207 Maiden Lane	

3. NAME OF DECEASED (Type or Print) Crown	a. (First)	b. (Middle)	c. (Last) Collins	4. DATE OF DEATH 9-10-1952	(Month)	(Day)	(Year)
----------------------------------------------	------------	-------------	-------------------	-------------------------------	---------	-------	--------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 11-1862	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRA. Hours	IF UNDER 1 HRA. Min.
-------------	------------------------	----------------------------------------------------------------	------------------------------	------------------------------------	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------	-------------------------------------------	---------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE No Record
------------------------------	-------------------------------------	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Record	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Health & Welfare	ADDRESS Joplin 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 15 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		Unknown
	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"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

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) Joplin	(COUNTY) Jasper	(STATE) Mo
------------------------------------------	------------------------------------------------------------------------------------------	---------------------------------------	-----------------	------------

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 7-7, 1922, to 9-10, 1952, that I last saw the deceased alive on 9-9, 1952, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE E.H. Hamilton M.D.	(Degree of title)	23b. ADDRESS 617 Frisco Bldg. Joplin, Mo.	23c. DATE SIGNED 9-15-55
-----------------------------------	-------------------	-------------------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-13-1955	24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	24d. LOCATION (City, town, or county) Joplin Mo. (State) Mo.
--------------------------------------------------	---------------------	-----------------------------------------------------	--------------------------------------------------------------

DATE REC'D BY LOCAL REG. 9-17-55	DECEASED'S SIGNATURE by Dolores Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE James Hamilton	ADDRESS Joplin, Mo.
----------------------------------	------------------------------------------	-------------------------------------------------	---------------------

(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.....
William E. Aspley

Licensed Embalmer No. *#77*

P. O. Address *J. Plin*

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.