

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43265**

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5617**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY NORTH c. LENGTH OF STAY (in this place) 2 yrs		c. CITY OR TOWN KANSAS CITY 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 71 HiWAY NEAR WATER WKS		e. STREET ADDRESS (If rural, give location) 4625 LAWN 3588	

3. NAME OF DECEASED (Type or Print) FRANK LAWRENCE COLLINS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1955
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 7, 1932	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Goodyear Rubber Co	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GEORGIA	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Robert Collins	13b. MOTHER'S MAIDEN NAME Prudie B. Roberts	14. NAME OF HUSBAND OR WIFE MARGARET COLLINS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes KOREAN	16. SOCIAL SECURITY NO. 255-24-5099	17. INFORMANT'S SIGNATURE OR NAME MARGARET COLLINS ADDRESS 4625 LAWN
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Multiple Fractures, Crushed Chest		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 Car Collision		
	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"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi way	21c. (CITY, TOWN, OR TOWNSHIP) W. Clay (COUNTY) (STATE) MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-23-55 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2 car collision
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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 D. J. Pate M.D. (Coroner) (Degree or title) 3	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 12/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-26-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) DALTON GEORGIA
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DATE REC'D BY LOCAL REG. 12-25-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons ADDRESS N.K.C.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

Pate

1911-1912

Free
1-1-1911
H. W. H. W.

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.....
Glenn H. Hill

Licensed Embalmer No..... 45

P. O. Address..... R. C. 16

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.