

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12627

State File No. ....

FILED APR 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u>		c. CITY OR TOWN <u>Pleasant Hill</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11</u> years		e. STREET ADDRESS (If rural, give location) <u>115 S. Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 S. Campbell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Rowland</u> c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 17, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retail lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Strasburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Robert Willis Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Gabriella Rowland</u>	14. NAME OF HUSBAND OR WIFE <u>Ina Frances Collins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>486-05-9578</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ina Frances Collins</u>	ADDRESS <u>Pleasant Hill, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebrovascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Arteriosclerotic heart disease</u>		<u>8 yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 3-3-1948, to 4-4-1956, that I last saw the deceased alive on 4-4-1956, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <u>Edward M. Dwyer MD</u>	23b. ADDRESS <u>Pleasant Hill, Mo</u>	23c. DATE SIGNED <u>4-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg, Missouri</u>
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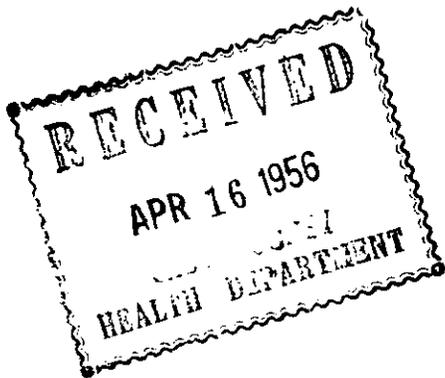
DATE REC'D BY LOCAL REG. <u>April 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Dora Barraud</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brownfield-Stanley</u>	ADDRESS <u>Pleasant Hill, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 L. Anderson*

Licensed Embalmer No. *467*

P. O. Address *Pleasant A*

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.