

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15596

State File No.

| | | | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>564</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>60 Years</u> | | c. CITY OR TOWN <u>St. Joseph</u> | | d. Is Residence within limits of a city or incorporated town? <u>XX</u> Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Mo. Nursing He. 1029 Douglas Street</u> | | | | • STREET ADDRESS (If rural, give location) <u>312 South 22nd Street</u> | | | | <u>0117</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> | | | b. (Middle) <u>Elizabeth</u> | | c. (Last) <u>Collins</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 4, 1886</u> | | 9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Hiawatha, Kansas</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George True</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mariah E. Butler</u> | | | 14. NAME OF HUSBAND OR WIFE <u>George Collins</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | | 16. SOCIAL SECURITY NO. <u>500-07-5359</u> | | 17. INFORMANT'S SIGNATURE OR NAME K. C. ADDRESS <u>Mrs. Helen C. Day-3024 Olive</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>Multiple cerebral Hemorrhages with right hemiplegia</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Senility & General Debility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u> <u>Ukn.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | | 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) (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 <u>6-30, 1953</u> , to <u>5-18, 1956</u> , that I last saw the deceased alive on <u>5-18, 1956</u> , and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H F Mandy M.D.</u> | | | | 23b. ADDRESS <u>2801 Sacramento St. Joseph, Mo.</u> | | | 23c. DATE SIGNED <u>5-21-56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 22, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 24, 1956</u> | | REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Alexander, St. Joseph, Mo.</u> | | | | |

(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..... *Wm H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.