

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

16918

State File No.

FILED JUN 13 1956

BIRTH NO.		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4268</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAYVIEW</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>MAYVIEW</u>		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 <u>502 S. BOUNDARY</u>				f. STREET ADDRESS (If rural, give location) <u>502 S Boundary St 0543</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>WATSON</u>		c. (Last) <u>COLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>14660</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 9, 1875</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DAY LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. LABOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ROBERT COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>JANNIE HUGHES</u>		14. NAME OF HUSBAND OR WIFE <u>ADA COLLINS</u> DECEASED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SAVANNAH BRADFORA MAYVIEW Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelo Nephritis</u> DUE TO (c) <u>Urinary obstruction due to prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>2 wks.</u> <u>1 Mos.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>610X</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) m.		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>6-7</u> , 19 <u>56</u> , to <u>6-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>56</u> , and that death occurred at <u>7:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Arthur B. Rees, M.D.</u>				23b. ADDRESS <u>Higginsville Mo.</u>		23c. DATE SIGNED <u>6-8-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/10/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>		24d. LOCATION (City, town, or county) (State) <u>JOHNSON County Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-8-56</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Jarman Conceden. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 6 T NOV

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.....
E. L. James

Licensed Embalmer No. 208

P. O. Address Concord

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.