

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009334

STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1444

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. at General Hospital 40423 | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 1663 Jarboe |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Ralph Middle Sterling Last Collins | | | 4. DATE OF DEATH Month 3 Day 17 Year 59 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 4-24-1899 | 9. AGE (In years at birthday) 60 | 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) Electrician | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (City and state or country) Tallula Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|---|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME George Collins | 13b. MOTHER'S MAIDEN NAME Martha Jane Dark | 14. NAME OF HUSBAND OR WIFE Delma Collins |
|---|--|---|

| | | |
|---|---|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year, date of service) World War No 1 | 16. SOCIAL SECURITY NO. 486-05-8229 | 17. INFORMANT Delma Collins Address 1663 Jarboe Kc Mo |
|---|---|--|

| | | |
|---|--------------------------------------|---|
| 18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | |
|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____ | |

| | | |
|--|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
|--|--|--|

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|--|---------------------------------------|------------------------------------|
| 22a. SIGNATURE (Degree or title) Hugh H. Owens | 22b. ADDRESS 1034 Rialto Pl | 22c. DATE SIGNED 3-18-59 |
|--|---------------------------------------|------------------------------------|

| | | | |
|--|-------------------------------|--|---|
| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION Removal | 23b. DATE 3-23-1959 | 23c. NAME OF CEMETERY OR CREMATORY W. National Cem | 23d. LOCATION (City, town, or county) (State) Fort Leavenworth, Kans. |
|--|-------------------------------|--|---|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR Pasquino Bros ADDRESS KC Mo | 25. DATE RECD. BY LOCAL REG. 3-19-59 | 26. REGISTRAR'S SIGNATURE Walter Minshall |
|---|--|---|

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Owens
Hugh H.

APR 3 1959

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 *Leonard Passantino*

Licensed Embalmer No. 4554

P. O. Address MEMO

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.