

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036753

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>401 W 22nd Street</u> Inside Limits Yes ☒ No ☐				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY OR TOWN <u>Higginsville</u> Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) <u>401 W. 22nd Street</u> Reside on Farm Yes ☐ No ☒									
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>John</u> Last <u>Collins</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>3</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>Apr 28 1888</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cheese maker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy</u>				11. BIRTHPLACE (City and state or country) <u>Jackson Co. Wisconsin</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonard Collins</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>				14. NAME OF HUSBAND OR WIFE <u>Florence M. 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>493-10-0116</u>				17. INFORMANT <u>Nellie Meyer (Daughter)</u> Address <u>Higginsville Missouri</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CVA</u> DUE TO (b) <u>Generalized Arterio sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs. many years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>A.S.H.D. with congestive failure for several years.</u>												PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐		SUICIDE ☐		HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____													
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		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 <u>1952</u> to <u>Nov. 3, 1959</u> and last saw him alive on <u>Nov. 3, 1959</u> Death occurred at <u>8 35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Wilbur E. Fulcheron M.D.</u>						22b. ADDRESS <u>Higginsville Mo.</u>				22c. DATE SIGNED <u>11-5-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify). <u>Burial</u>		23b. DATE <u>Nov 6 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>				23d. LOCATION (City, town, or county) <u>BLAND Missouri</u> (State)					
24. FUNERAL DIRECTOR <u>H. J. Hader</u> ADDRESS <u>Higginsville</u>						25. DATE RECD. BY LOCAL REG. <u>Nov. 5-1959</u>		26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 8 T'ADN SA
NOV 13 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 Harold L. Walker

Licensed Embalmer No. 4580

P. O. Address Lexington

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.