URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008060

FILED VS MAR 8 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2096 STATE FILE NUMBER

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1113 N. Channing — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: George Middle: Last: Collins

4. DATE OF DEATH Month: 2 Day: 18 Year: 60

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 3-21-1890

9. AGE (last birthday): 69

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Memphis, Tenn. Shelby

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: George Collins, Sr.

13b. MOTHER'S MAIDEN NAME: Henrietta Boldon

14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Aug. 4, 1918

16. SOCIAL SECURITY NO.: 497-10-4179

17. INFORMANT: Mrs. Hattie Clark Address: West Memphis, Ark

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 2-17-60, 4:45 a.m. to 2-18-60 and last saw him alive on 2-18-60

Death occurred at 10:40 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Rob Hopp Jr. M.D.

22b. ADDRESS: 2601 N. Whittier St.

22c. DATE SIGNED: 2-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2/23/1960

23c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetery

23d. LOCATION (City, town, or county) (State): West Memphis - Ark.

24. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 1914 N. Sarah

25. DATE RECD. BY LOCAL REG.: FEB 23 1960

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leroy U. Bannister

Signature of Student Embalmer

Licensed Embalmer No. 4523

P. O. Address 4251 WAS

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