URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-009808

STATE FILE NUMBER

FILED VS APR 11 1960 15 Registration District No. 3004 Primary Registration District No. 42 Registrar's No.

NDED

1. PLACE OF DEATH
a. COUNTY: BARTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LAMAR
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Barton Co. Memorial Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN: Lamar
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 704 Gulf
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARION Middle M. Last COLLINS

4. DATE OF DEATH: Month April Day 1, Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct.30,1899

9. AGE (last birthday): 60

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): Assistant Postmaster, Ret.

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Postoffice

11. BIRTHPLACE (City and state or country): Eldorado, Kansas

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Harry Collins

13b. MOTHER'S MAIDEN NAME: Stella Mason

14. NAME OF HUSBAND OR WIFE: Irene Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I and WW II

16. SOCIAL SECURITY NO.: 497-42-8937

17. INFORMANT: Mrs. Marion Collins, Address: Lamar, Mo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia

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

DUE TO (b): Brights disease + coronary attack — 5 days

DUE TO (c):

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 3.25 60, to 4-1 60 and last saw ~~him~~ him alive on 4-1-60

Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J R - Fuldner M.D. (Degree or title)

22b. ADDRESS: LAMAR

22c. DATE SIGNED: 4-2-60

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

23b. DATE: April 4,1960

23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery

23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS: Chiles Funeral Home, Lamar, Mo.

25. DATE RECD. BY LOCAL REG.: APR 4 - '60

26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____
Signature of Student Embalmer

Signed Clarence H Giles

Licensed Embalmer No. 3473

P. O. Address Lamar MO

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