

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-022481**

FILED VS JUL 8 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 189

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Collins</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, admission before)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Harlem City</u>	b. COUNTY <u>Jackson</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp # 1</u>		d. STREET ADDRESS <u>1920 Poplar</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>William</u> Last <u>Collins</u>		4. DATE OF DEATH Month <u>July</u> Day <u>3</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-21-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dr</u>	9. AGE (last birthday) <u>65</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
13a. FATHER'S NAME <u>Henry B Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Nottelch</u>	14. NAME OF HUSBAND OR WIFE <u>Josiah E. Collins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Dr</u>		16. SOCIAL SECURITY NO. <u>Dr</u>	17. INFORMANT <u>Hoop Reed Fulton Mo</u> Address <u>Fulton Mo</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>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Syphilis old burned out.</u>			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>12:50</u> a.m. <u>AM</u> Month, Day, Year <u>July 3, 1960</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Jan 13, 1950</u> to <u>July 3, 1960</u> and last saw her/him alive on <u>July 3, 1960</u> Death occurred at <u>12:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm J. Brown</u> (Degree or title)		22b. ADDRESS <u>State Hosp # 1 Fulton</u>	22c. DATE SIGNED <u>7-3-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 6 - 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Harlem City Mo</u> (State)
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 4 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1960

JUL 26 1960

**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 Denzil E. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, N

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