URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-024410

STATE FILE NUMBER

FILED VS JUL 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6316

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA. Homer Phillips Hos. Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1825 A.N. Garrison Ave. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Norman Middle Earl Last Collins
4. DATE OF DEATH Month 6 Day 19 Year 60.
5. SEX Male
6. COLOR OR RACE Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/28/09
9. AGE (last birthday) 50
IF UNDER 1 YEAR Months 5 Days 21
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Union Electric
11. BIRTHPLACE (City and state or country) Fort Scott, Kans.
12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Noah Collins
13b. MOTHER'S MAIDEN NAME Mary Nelson
14. NAME OF HUSBAND OR WIFE Ada Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.# 2
16. SOCIAL SECURITY NO. 316-05-2755
17. INFORMANT Ada Collins Address 1825 A.N. Garrison Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recent Coronary Occlusion
with
DUE TO (b) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Old Myocardial Infarction
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)
Arteriosclerosis and Massive Retro Peritoneal
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.)
Hemorrhage due to rupture of a hepatic vein
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
4201
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

BY AFFIDAVIT OF

21. I attended the deceased from to and last saw her/him alive on
Death occurred at 635 Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Joel W. Quinn (Degree or title) Dep. Cor.
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6-30-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/22/60
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Fort Scott, Kans.
24. FUNERAL DIRECTOR E Wright Funeral Home ADDRESS 3100 Easton Ave.
25. DATE RECD. BY LOCAL REG. JUN 21 1960
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

VS JUL 15 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_____ Signed Arthur L. Hill

Signature of Student Embalmer

Licensed Embalmer No. 422

P. O. Address 3100 E

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