

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

=61-000151

STATE FILE NUMBER

AMENDED

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 2

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Benton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fristoe Township</b>		Length of stay in 1b <b>6 yrs.</b>	c. CITY OR TOWN <b>WARSAW Rt 2</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WARSAW Rt 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>White BRANCH</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>WALTER Louis COLLINS</b>			4. DATE OF DEATH Month Day Year <b>Jan 15 1961</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 13, 1897</b>	9. AGE (If birthday) <b>64</b>
IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>		IF UNDER 24 HR Hours <b>3</b> Min.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESTAURANT owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ret Restaurant owner Wyandotte Co, Kansas</b>		11. BIRTHPLACE (City and state or country) <b>U. S. A</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>	
13a. FATHER'S NAME <b>Julius B. Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Alice Blankenship</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth K. Collins</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War I</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Ruth K. Collins Warsaw, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH MINUTES
IMMEDIATE CAUSE (a) <b>ACUTE CIRCULATORY FAILURE</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>RUPTURE OF SEMILUNAR VALVES OF AORTA</b>		MINUTES
	DUE TO (c) <b>ARTERIOSCLEROSIS</b>		<b>5 YRS.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES</b>			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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 **JAN., 10, 1957**, to **JAN., 15, 1961** and last saw her/him alive on **JAN., 14, 1961**  
Death occurred at **11:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <b>Emmett D. O'Connell</b>	22b. ADDRESS <b>WARSAW, MO.</b>	22c. DATE SIGNED <b>1-17-61</b>
--	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 19, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Wyandotte Co, Kansas</b>
--	----------------------------------	--	---

24. FUNERAL DIRECTOR <b>John F. Reser</b>	ADDRESS <b>Warsaw, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 18-1961</b>	26. REGISTRAR'S SIGNATURE <b>Jas. A. Logan</b>
--	------------------------------	---	---

JAN 24 1961

**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 John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.