

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030364

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 30.2 Registrar's No. 89

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1962

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Spa-View Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Avalon Apts. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Simeon Middle Collins Last Collins			4. DATE OF DEATH Aug. 16, 1962 Month Aug. Day 16 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-15-1873	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lumberman		10b. KIND OF BUSINESS OR INDUSTRY Lumber Company	11. BIRTHPLACE (City and state or country) Clay County, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertrude W. Collins	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Yes, Unknown	17. INFORMANT Anna Grace McHugh, Excelsior Springs, Mo. Address 116 Saratoga		
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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	
IMMEDIATE CAUSE (a) Uremia				sev. mos.	
DUE TO (b) Chronic cystitis				sev. years	
DUE TO (c) Prostatic trouble				sev. mos.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis; generalized cardiac enlargement;			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		
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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.)		
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20c. TIME OF INJURY Hour 12:00 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Excelsior Springs, Mo.		COUNTY	STATE	
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21. I attended the deceased from 1956 , to 8/16/62 and last saw ^{her} _{him} on 8/16/62 Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE <i>[Signature]</i> (Degree or title) M. D.		22b. ADDRESS Excelsior Springs, Mo.		22c. DATE SIGNED 8/17/62	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-18-62	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.		
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24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 8-29-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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

Andee Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

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.