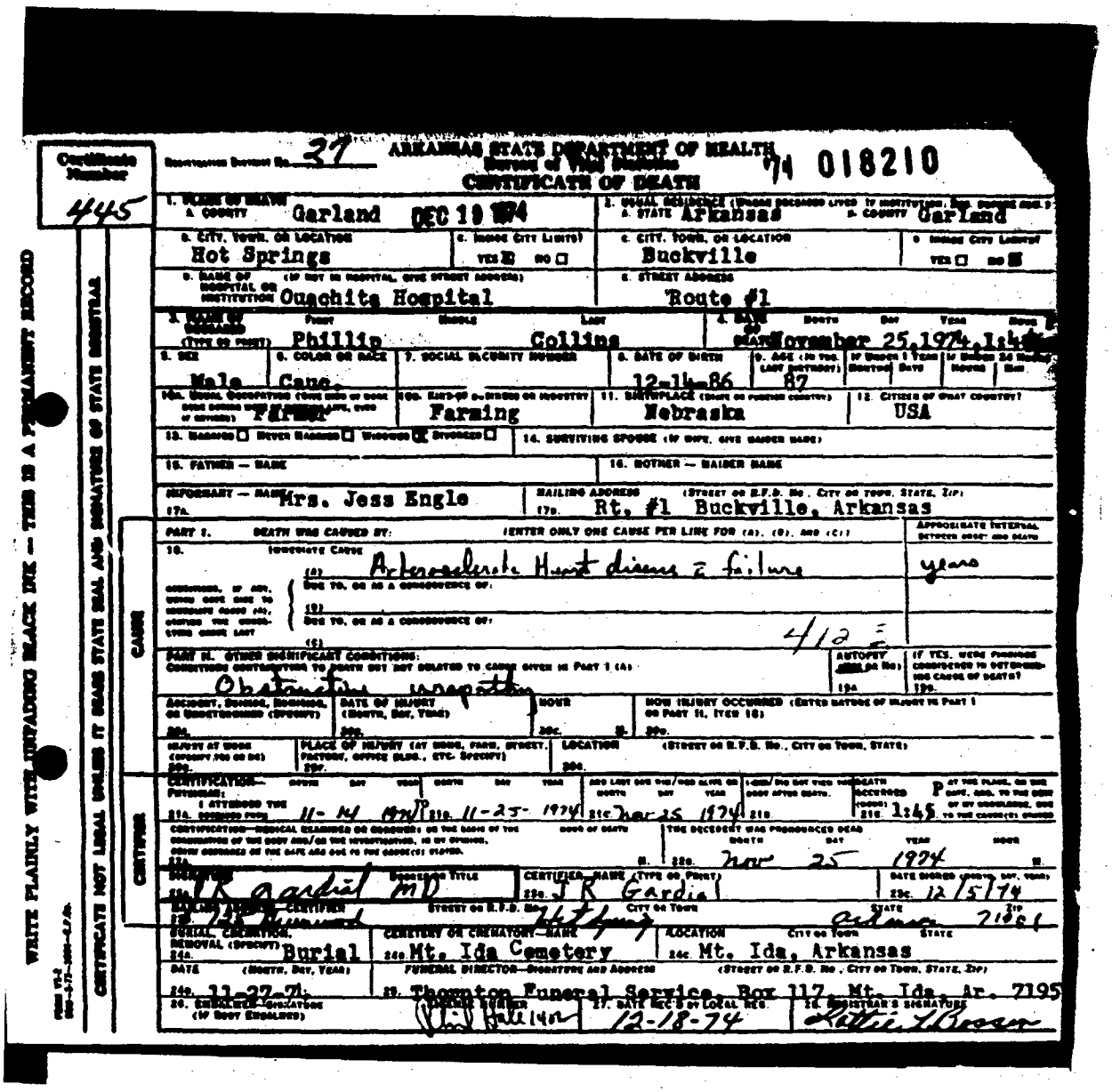


ARKANSAS STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

74 018210

Certificate Number 445

Registration District No. 27

1. PLACE OF DEATH: A. County Garland DEC 19 1974
2. USUAL RESIDENCE: A. State Arkansas B. County Garland
3. a. City, Town, or Location: Hot Springs
c. Inside City Limits? YES X NO
b. City, Town, or Location: Buckville
d. Inside City Limits? YES NO X
4. a. Name of Hospital or Institution: Ouachita Hospital
b. Street Address: Route #1
5. Name of Deceased (Type or Print): First Phillip Middle Last Collins
6. Date of Death: November 25, 1974
7. Sex: Male
8. Color or Race: Cauc.
9. Social Security Number:
10. Date of Birth: 12-14-86
11. Age (In Years Last Birthday): 87
12. Citizen of What Country? USA
13a. Usual Occupation: Farmer
13b. Kind of Business or Industry: Farming
14. Birthplace (State or Foreign Country): Nebraska
15. Married / Never Married / Widowed / Divorced
16. Surviving Spouse (If wife, give maiden name)
17. Father — Name:
18. Mother — Maiden Name:
19. Informant — Name: Mrs. Jess Engle
19a. Mailing Address (Street or R.F.D. No., City or Town, State, Zip): Rt. #1 Buckville, Arkansas

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
20. Immediate Cause (a) Arteriosclerotic Heart disease & failure — Approximate Interval Between Onset and Death: years
Antecedent Causes, If Any, Morbid Conditions Giving Rise to the Immediate Cause Stated on Line (a), Entering the Underlying Cause Last
Due To, Or As A Consequence Of: (b)
Due To, Or As A Consequence Of: (c) 4/12 =

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death But Not Related to Cause Given in Part I (a): Obstructive Uropathy
Autopsy? Yes/No
If Yes, Were Findings Considered in Determining Cause of Death?

21. Accident, Suicide, Homicide, or Undetermined (Specify)
22. Date of Injury (Month, Day, Year)
23. Hour
24. How Injury Occurred (Enter Nature of Injury in Part I or Part II, Item 16)
25. Injury at Work (Yes or No)
26. Place of Injury (At Home, Farm, Street, Factory, Office Bldg., Etc. Specify)
27. Location (Street or R.F.D. No., City or Town, State)

CERTIFIER

28. Certification — Physician: I attended the deceased from 11-14 1974 to 11-25-1974. I last saw the deceased alive on 11-25-1974. Death occurred at 1:45 P.M. To the best of my knowledge, death occurred due to the cause(s) stated.
29. Certification — Medical Examiner or Coroner: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred at the time and due to the cause(s) stated. The decedent was pronounced dead on Nov 25 1974.
Signature: J R Gardial MD
Physician's Title
Certifier — Name (Type or Print): J R Gardial
Date Signed: 12/5/74
Address of Certifier — Street or R.F.D. No.: 147 Hwy
City or Town: Ozark
State: Ark. Zip: 72949

30. Burial, Cremation, Removal (Specify): Burial
Cemetery or Crematory — Name: Mt. Ida Cemetery
Location — City or Town, State: Mt. Ida, Arkansas
Date: 11-27-74
Funeral Director — Signature and Address: Thornton Funeral Service, Box 117, Mt. Ida, Ar. 7195
31. Embalmer — Signature (If Body Embalmed):
32. Date Rec'd by Local Reg.: 12-18-74
33. Registrar's Signature: Lottie Gibson

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
CERTIFICATE NOT LEGAL UNLESS IT BEARS STATE SEAL AND SIGNATURE OF STATE REGISTRAR

THIS IS TO CERTIFY, That the above is an exact reproduction of the original record on file in this office and of which I am legal custodian. Witness my hand and seal of the Arkansas Department of Health at Little Rock, Arkansas. (Copy not legal if it does not have raised seal).

APR 20 1988

Henry A. Robinson Jr.
State Registrar

BK. REC. PAGE COMPUTER

STATE OF IOWA, MADISON COUNTY, ss.
Inst. No. 2060 Filed for Record this 11 day of May 19 88 at 8:33 AM
Book 38 Page 363 Recording Fee 5.00 Mary E. Welty, Recorder, By M. Welty Deputy

Compared