

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40626

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5320 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stewartsville Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stewartsville Rural, Wash. TWP	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 4, MI, North of Stewartsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 4, Mile north			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Collins	4. DATE OF DEATH (Month) (Day) (Year) Dec 9 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 13, 1856	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 10 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) DeKalb Co, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Bartlett	13b. MOTHER'S MAIDEN NAME Mary Mattox	14. NAME OF HUSBAND OR WIFE Smith Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If you, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME John Collins Stewartsville Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct-11, 1949, to Dec-9, 1949, that I last saw the deceased alive on Dec-8, 1949, and that death occurred at 12:00 m., from the cause and on the date stated above.

23a. SIGNATURE M. S. Gale	(Degree or title) M. A.	23b. ADDRESS Osborn Mo.	23c. DATE SIGNED 12/10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-11-49	24c. NAME OF CEMETERY OR CREMATORY Clarksdale Mo	24d. LOCATION (City, town, or county) (State) Clarksdale Mo
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DATE REC'D BY LOCAL REG. 12-20-49	REGISTRAR'S SIGNATURE Richard Davidson	25. FUNERAL DIRECTOR'S SIGNATURE John Bran Maysville Mo	ADDRESS
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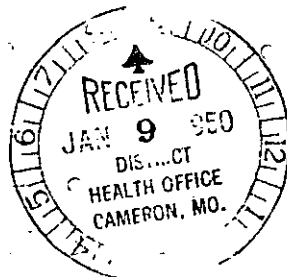
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

32

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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.

Signed _____

John Brown

Signed _____
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Mayfield, 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 this body is not embalmed, fact should be so stated above.