

FILED OCT 27 1941

Registration District No. 26

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 84207

Registrar's No. 165

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

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)
 In this community 1 month

3. (a) PRINT FULL NAME Byron Owen Collins
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Helen Collins
 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased Jan. 12, 1977

8. AGE:	Years	Months	Days	If less than one day
	64	8	16	hr. min.

9. Birthplace Barren County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
 12. Name Archibald Collins
 13. Birthplace Ky.
 14. Maiden name Elizabeth Watson
 15. Birthplace Ky.

16. (a) Informant Percy Collins
 (b) Address Mexico, Missouri

17. (a) Partial (b) Date thereof 10/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico, Mo.

18. (a) Signature of funeral director Geo. A. ...
 (b) Address Mexico, Missouri

19. (a) Sept 30-41 (b) B. Stanch Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain
 (c) City or town Mexico
(If outside city or town limits, write "RURAL")
 (d) Street No. R. #1
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
 year 1941 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Sept 28, 1941
 that I last saw him alive on Sept 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis chr. nephritis chr. parenchymatous cirrhosis liver

Due to

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. S. Williams (M. D. or other) M.D.
 Address Mexico MO Date signed 9/29/41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1919

Date Filed OCT 24 1941

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Clara Amos

Licensed Embalmer No.

3569

P. O. Address

Marysville

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.