

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1942
Registration District No. 3885

Primary Registration District No. 3026

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: XXXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XXXX (Specify whether years, months or days)

In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 316 Martin (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XXXX

3. (a) PRINT FULL NAME Jacob Collins

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXXX

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lucy Ann Collins

6. (c) Age of husband or wife if alive XXX years

7. Birth date of deceased July 26 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>8</u>	<u>XX</u> hr. <u>XX</u> min.

9. Birthplace XXXXX Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

11. Industry or business XXXX

12. Name Araunah Collins

13. Birthplace XXX Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Strichle

15. Birthplace XXXX Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.E. Blue

(b) Address Tulsa, Oklahoma

17. (a) Burial (b) Date thereof 3/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Jesse E. Gordon

(b) Address Chillicothe, Mo.

19. (a) APRIL 7-42 (b) Lois Ella Corry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 31 1940 to April 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration of last attack

Duration 2 yrs 4 Mths.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 7

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 [Signature] (M. D. or other) _____
Address Chillicothe, Mo. Date signed April 14 1942

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 *Donald F. Gordon*

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.