

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 717

Primary Registration District No. 2082

Registrar's No. 282

49
522
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jasper

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hosp; 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 35 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 0
(If outside city or town limits, write "RURAL" 0)

(d) Street No. Route 2, (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: No 1

3. (a) PRINT FULL NAME Wastella Collings

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7, 1942
year _____ hour 1-00 P. minute _____ M.

4. Sex Fem. 1

5. Color or race White

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

6. (b) Name of husband or wife John B. Collings

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 2, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 4, 1942, to July 7, 1942
that I last saw her alive on July 7, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 7 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Thrombosis 6 mos. (?)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) X48

9. Birthplace Wilson County Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Major findings: Of operations _____

Of autopsy Microscopic exam of brain shows change spinal water of fluid in meninges

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Stanfield

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name Clara Peramine 9

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

16. (a) Informant Louise Collings

(b) Address 2008 Sergeant Ave. Joplin Mo

17. (a) _____ (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Osborn Men

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo;

19. (a) 7-10-42 (b) Hester
(Date received local registrar) (Registrar's signature)

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 O. T. [unclear] (M. D. or other) 214
Address 725 E. [unclear] Joplin Mo Date signed 7-9-42

42-7-626

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.....

Ferry T. Zurbel

..... Licensed Embalmer No. *959*

..... P. O. Address *Japan, Meo*

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.