

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No.

No. 300
10-48

23
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5286 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyaconda Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>9</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>C</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1949</u>	
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (See 21b) <u>Married</u>	8. DATE OF BIRTH <u>Dec 9 1866</u>
9. AGE (In years) (Last birthday) <u>82</u> 10. (Months) <u>7</u> 11. (Days) _____		9. AGE (In years) (Last birthday) <u>82</u> 10. (Months) <u>7</u> 11. (Days) _____	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12b. KIND OF BUSINESS OR INDUSTRY _____	
13a. FATHER'S NAME <u>Wm Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Loekie Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>John W Collins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Collins</u> ADDRESS <u>Wyaconda Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Infirmitas</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES (b) _____	
III. OTHER SIGNIFICANT CONDITIONS (c) _____		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"/>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Jan 1940</u> to <u>April 23 1949</u> , that I last saw the deceased alive on <u>April 21 1949</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson L.D.O.</u>		23b. ADDRESS <u>Wyaconda, Mo.</u>	
23c. DATE SIGNED <u>4/24/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wyaconda Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Beachett</u> ADDRESS _____	
DATE REC'D BY LOCAL REG <u>4/26-49</u>		REGISTRAR'S SIGNATURE <u>W. Bridges</u>	

RECEIVED

District Health Officer No.

District File No. 549

Date Filed MAY 10 1940

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 Albert C. Gertz

Signed _____
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis Tenn

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.