No. 300
10.48

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

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16470

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 216

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0

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon 0
c. LENGTH OF STAY (in this place): 297 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Howell 46
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charlene
b. (Middle): Fay
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): June 1 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 12, 1929
9. AGE (In years last birthday): 19 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Plains, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U SA

13a. FATHER'S NAME: William Robert Hunter
13b. MOTHER'S MAIDEN NAME: Hester Ruth Coppage
14. NAME OF HUSBAND OR WIFE: James Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-30-4621
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: E. McMichael, Record Clerk, Mo. State San., Mt. Vernon, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Abt 1½ yrs.

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.

AP2X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 7, 1948, *to* June 1, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 9:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C E Helbling M. D. 0
23b. ADDRESS: Mount Vernon, Missouri
23c. DATE SIGNED: June 1, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-1-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): West Plains Mo

DATE REC'D BY LOCAL REG.: June 1-49
REGISTRAR'S SIGNATURE: Cecil Hendricks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Max L Jarrett Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 649-634
Date Filed 6-1-49

JUN 5 1949

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 Max L. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Moberly, 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.