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FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16737

BIRTH NO. _____ REG. DIST. NO. ~~244~~ 246 PRIMARY REG. DIST. NO. ~~3834~~ 5835 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Jasper Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DIAMOND R#1
c. LENGTH OF STAY (In this place) All of Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DIAMOND, MO. Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Diamond
d. STREET ADDRESS (If rural, give location) Diamond - Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Grover
b. (Middle) J
c. (Last) Collings

4. DATE OF DEATH (Month) 4 (Day) 20 (Year) 49

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUG 19-1877
9. AGE (In years last birthday) 61+ 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Diamond, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Collings
13b. MOTHER'S MAIDEN NAME Abbie Keller
14. NAME OF HUSBAND OR WIFE Mrs. Josie Collings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NO
17. INFORMANT'S SIGNATURE OR NAME Mrs Josie Collings ADDRESS Diamond Route #1

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) Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 9 Mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Stomach — 1 year
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None. 151X

19a. DATE OF OPERATION 12-2-48.
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) Joplin (COUNTY) Jasper. (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? No injury

22. *I hereby certify that I attended the deceased from* Oct. 25, 1948, *to* April 20, 1949, *that I last saw the deceased alive on* 4-16-, 1949, *and that death occurred at* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE O. B. Chapman (Degree or title) M.D.
23b. ADDRESS Joplin, Mo.
23c. DATE SIGNED 4-

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-23-49
24c. NAME OF CEMETERY OR CREMATORY Stony Point
24d. LOCATION (City, town, or county) Diamond Rural, (State) Mo.

DATE REC'D BY LOCAL REG. 4-23/49
REGISTRAR'S SIGNATURE Mrs. Allie Parnell 224
25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut Glover Mortuary **ADDRESS** Joplin

(Licensed Embalmer's Statement on Reverse Side)

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

73
X

RECEIVED

District Health Officer No. Newton Co. Health Unit

District File Number 449-75

Date Filed APR 2 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 Dale Glover

Signed ..... Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.