

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24184

State File No. _____

FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hawcreek</u>	c. LENGTH OF STAY (in this place) <u>2 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Haw Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles N.W. of Stover.</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles N.W. of Stover, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUESENDA</u> b. (Middle) _____ c. (Last) <u>COLLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 49</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 6, 1891</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 YEAR Days <u>20</u>	IF UNDER 24 HRS. Hours <u>11</u>	IF UNDER 24 HRS. Min. <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Pettis County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Bradshaw</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Bannion</u>	14. NAME OF HUSBAND OR WIFE <u>James L. Collins</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ruby Riggs Stover, Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>11:20</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Birds & Medicine Morgan County Coroner Versailles Mo.</u>	(Degree or title)	23b. ADDRESS <u>Verailles Mo.</u>	23c. DATE SIGNED <u>7-27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 27 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 28th 1949</u>	REGISTRAR'S SIGNATURE <u>Tom L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Stevenson</u>	ADDRESS <u>Stover, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 1-9-925

Date Filed 8-1-49

AUG 1 1949

AUG 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.

Student
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

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.