

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33434

State File No. ....

BIRTH NO. .... REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 3407 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>DOUGLAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>DOUGLAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MCKINLEY Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MCKINLEY Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>ADELINE</u>		a. (First) <u>COLLINS</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 22, 49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 18, 1883</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JOHN JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>ARLENA BEAVERS</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD COLLINS</u>	
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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD COLLINS</u>	
				ADDRESS	

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>Carcinoma of uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>Diabetes mellitus</u>		<u>1741</u> <u>5 years</u>	
19a. DATE OF OPERATION <u>10</u>		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) 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 1946, to 1949, that I last saw the deceased alive on OCT. 16, 1949, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Ross Jones</u>		23b. ADDRESS <u>Cabool Mo</u>		23c. DATE SIGNED <u>OCT 22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine Flat</u>	
		24d. LOCATION (City, town, or county) (State) <u>Texas County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>OCT. 24-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Elliot</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cabool Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1949  
District Health Office No. 6,  
District File Number 1149-1198  
Date Filed 11-2-49

OCT 6 1952

### 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.....  
Student Embalmer

Signed

*James L. Sentry*

Licensed Embalmer No. 4718

P. O. Address Calver

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.