

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34336**

FILED NOV 5 1949

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Chillicothe</u>) c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rich Hill Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 Cherry Street</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles N. E. Chillicothe</u>	
3. NAME OF DECEASED a. (First) <u>Nancy</u> b. (Middle) <u>Nettie</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Aug. 13, 1863</u>
9. AGE (In years last birthday) <u>86</u>		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) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Springfield, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>John Dookum</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Frank 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. S. Hopper; Chillicothe, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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. _____	
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>11 Oct</u> , 19 <u>49</u> , to <u>15 Oct</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>13 Oct</u> , 19 <u>49</u> , and that death occurred at <u>5:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. Vandine</u> (Degree or title) _____		23b. ADDRESS <u>Chillicothe Mo</u>	
23c. DATE SIGNED <u>17 Oct 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling,</u>	
24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct-17/49</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	

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



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 _____

J. M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student

J. M. Gibson
Student Embalmer

Signed

Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.