

THE DIVISION OF HEALTH OF MISSOURI  
FILED DEC 6 1949 STANDARD CERTIFICATE OF DEATH

37062

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3551 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Lovell</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lovell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Osborne Springs</u>	c. LENGTH OF STAY (in this place) <u>5 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Osborne Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		d. STREET ADDRESS <u>R 2 S</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Reley</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 27-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-12-1893</u>
9. AGE (In years last birthday) <u>56 7/6</u>		10. IF UNDER 1 YEAR (Month) (Day) (Year) <u>5 6 7 6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Douglas Co., Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Tom Collins</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Jones</u>		15. NAME OF HUSBAND OR WIFE <u>Ida Collins</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>✓</u>		17. SOCIAL SECURITY NO. <u>500-67-7256</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atypical Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 mos.</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>492X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>8/18</u> , 19 <u>49</u> to <u>8/27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/25</u> , 19 <u>49</u> , and that death occurred at <u>9:00 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Collins, M.D.</u> (Degree or Title)		23b. ADDRESS <u>West Plains, Mo.</u>	
23c. DATE SIGNED <u>8/31-49</u>		24a. BIRTHPLACE (State or foreign country) <u>Mo</u>	
24b. DATE <u>8/28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horton</u>	
24d. LOCATION (City, town, or county) (State) <u>Hammond, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, Mo</u>	
25a. DATE REC'D BY LOCAL REG. <u>11-23-49</u>		25b. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379	

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

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RECEIVED

11/30/49

District Health Officer No. 5,

District File Number 1249729

Date Filed 12/2/49

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

*D. D. Robertson*

Licensed Embalmer No. 3437

P. O. Address

*Westlaw, M*

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.