

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4662

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4214		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deenwater				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deenwater			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 blocks So of Methodist Church				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Sarah		b. (Middle) Francis		c. (Last) Collins	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27 1868	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Benton Co., Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edmond Warren		13b. MOTHER'S MAIDEN NAME Elizabeth Derrick		14. NAME OF HUSBAND OR WIFE Isham Collins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isham Collins Deenwater, Missouri			
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) Myocardial Failure 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 501X	
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 2/3, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 9:25 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Ed C. Seiler M.D. (Degree or title)		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 3/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 9-50		24c. NAME OF CEMETERY OR CREMATORY Honewell Cemetery		24d. LOCATION (City, town, or county) (State) Benton Co., Missouri	
DATE REC'D BY LOCAL REG Mar 9-50		REGISTRAR'S SIGNATURE Florence Adams		423-25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 2-50-2

Date Filed 3-13-5

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

Licensed Embalmer No. 4510

P. O. Address Clinton, 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.