

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5781

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Woodville</u>		06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Carmine's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>IFROS</u>			a. (First) <u>COLLINS</u>			b. (Middle) _____	
c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-18-1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u>		8. DATE OF BIRTH <u>Mar-18-1866</u>	
9. AGE (last birthday) <u>83</u>		10. MONTHS <u>11</u>		11. DAYS <u>0</u>		9. AGE (Under 1 year) (Under 1 month) (Under 1 hour) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Moore Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Ann Rutherford</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joel Collins</u>		ADDRESS <u>103 1/2 Antero Moberly 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Omentum</u>				months	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>158X</u>	
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>Jan 9</u> , 19 <u>50</u> , to <u>Feb 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 18</u> , 19 <u>50</u> , and that death occurred at <u>2:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. McCormick D.O.</u>				23b. ADDRESS <u>300 1/2 Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>Feb 19, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Cairo Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-50</u>		REGISTRAR'S SIGNATURE <u>Leah Williams Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>How Funeral Home</u>		ADDRESS <u>Moberly Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 27 1958
District Health Officer No. _____
District File Number 2-58
Date Filed FEB 27 1958

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 _____

R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moherly, 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.