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FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5551 State File No. 12785

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Siloam Springs, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 63 North</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leroy</u> b. (Middle) _____ c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>6-9-27</u>
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Douglas County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>None</u>		13b. MOTHER'S MAIDEN NAME <u>Eller Collins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (If yes, give war or dates of service) <u>N</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eller, Collins, Siloam Springs, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Lungs - following Highway Auto Accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>D 46</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>U.S. Hiway #63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Apr 16, 1950 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto on Hiway in which he was riding hit parked truck</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Robertson D. W. D. Croner</u> (Degree or title)		23b. ADDRESS <u>Howell Co West Plains, Mo</u>	23c. DATE SIGNED <u>22/4/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>4-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Siloam Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Siloam Spring, Missouri</u>
DATE REC'D BY LOCAL REG. <u>4-24-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertsons, West Plains, Missouri</u>	

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

RECEIVED

5-1-50

District Health Officer No. 5,

District File Number 550255

Date Filed 5-2-50

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Student Embalmer No. _____

Signed

Robert L. Hagan

Licensed Embalmer No. 4547

P. O. Address _____

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.