

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0770
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State File No. 16430
Registrar's No. 526

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 526

1. PLACE OF DEATH a. COUNTY <u>Green County Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Christian County Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rural Linley Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Balph Hospital</u>		4. DATE OF DEATH (Month) (Day), (Year) <u>June 6, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zula</u> b. (Middle) <u>E.</u> c. (Last) <u>Collins</u>		5. SEX <u>Female</u> COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 12, 1873</u>	
9. AGE (In years last birthday) <u>77 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Christian County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kattner</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Zula Collins</u> ADDRESS <u>Ozark 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</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. <u>Fracture of hip & of humerus 9 DAYS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>OZARK CHRISTIAN MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 29 1950 2m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fall</u>			
22. I hereby certify that I attended the deceased from <u>May 29, 1950</u> , to <u>June 6, 1950</u> , that I last saw the deceased alive on <u>June 5, 1950</u> , and that death occurred at <u>2:30 p.m.</u> ; from the causes and on the date stated above.			
23a. SIGNATURE <u>Daniel L. Yancey M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>June 8, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Selmon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>W. E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo.</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

F. B. Chaffin

Licensed Embalmer No. *2192*

P. O. Address

Opark, 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.