No. 300
10.48

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

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16431

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 475

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City sewage disposal plt South Campbell Twp. ~~W. Bennett St. Pond~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 039
d. STREET ADDRESS (If rural, give location): 941 W. Madison

3. NAME OF DECEASED (Type or Print)
a. (First): OKLA
b. (Middle): C.
c. (Last): COLLISON

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 24, 1905

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: City of Spfg.

11. BIRTHPLACE (State or foreign country): Rogersville, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sam Collison

13b. MOTHER'S MAIDEN NAME: Lillie Hunt

14. NAME OF HUSBAND OR WIFE: Nell Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nell Collison
ADDRESS: Spfld, Mo.

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) shot gun wound into mouth, 16 gauge — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

E976X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~HOMICIDE~~ SUICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): sewage disposal plt

21c. (CITY, TOWN, OR TOWNSHIP) Springfield (COUNTY) Greene (STATE) Mo.
South Campbell Twp.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 18 50 1:30PM

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? self inflicted gun shot wound ---16 gauge

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 _____ m., from the causes and on the date stated above.~~
dead 5-18-50, 19____, and that death occurred at 1:30PM, from the causes and on the date stated above.

23a. SIGNATURE: Randolph Gale
(Degree or title): Coroner

23b. ADDRESS: Springfield Missouri

23c. DATE SIGNED: 5-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/21/50

24c. NAME OF CEMETERY OR CREMATORY: Hazelwood

24d. LOCATION (City, town, or county) (State): Springfield, Mo.

DATE REC'D BY LOCAL REG.: 5-20-50

REGISTRAR'S SIGNATURE: W E Hansley

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. H. Lohmeyer, Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1951

JUN 12 1951

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.