

FILED JUN 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12751

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b>	
c. LENGTH OF STAY (in this place) <b>15 days</b>		d. STREET ADDRESS (If rural, give location) <b>0820</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b>	b. (Middle) <b>ANNE</b>	c. (Last) <b>Collins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 19 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Feb 26, 1876</b>	9. AGE (In years last birthday) <b>74</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>Spencerburg Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Mallett</b>	14. NAME OF HUSBAND OR WIFE <b>John C. Collins</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-</b>		
	DUE TO (c) <b>Vascular Disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>443X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-4**, 1950, to **5-19**, 1950, that I last saw the deceased alive on **5-19**, 1950, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas H. Linnell M.D.</b>	23b. ADDRESS <b>Louisiana, Mo.</b>	23c. DATE SIGNED <b>5-21-50</b>
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24a. BURIAL OR CREMATION (Specify) <b>burial</b>	24b. DATE <b>5-22 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New London</b>	24d. LOCATION (City, town, or county) (State) <b>New London Mo</b>
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DATE REC'D BY LOCAL REG. <b>May 23, 1950</b>	REGISTRAR'S SIGNATURE <b>Berniece Collier</b>	374	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grace Danforth Bowling Green Mo</b>	ADDRESS _____
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RECEIVED JUN 5 1950  
District Health Officer No. 10  
District File Number 6-50-946  
Date Filed JUN 6 1950

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Harold C. Kinsie

Licensed Embalmer No. 4597

P. O. Address Bonnie Green

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.