

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43281

Dr John M. Collins

State File No.

BIRTH NO. 87624-50 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 176

1. PLACE OF DEATH <i>F51</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <i>Scott</i>			a. STATE <i>Missouri</i>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>Sikeston, Mo</i>			b. COUNTY <i>Scott</i>		
c. LENGTH OF STAY (in this place) <i>8 Hrs</i>			c. CITY (If outside corporate limits, write RURAL and give township) <i>0</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo Delta Com Hospt Sikeston, Mo</i>			d. STREET ADDRESS (If rural, give location) <i>R. 1.</i>		
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Donnie</i>		b. (Middle) <i>Jane</i>	
		c. (Last) <i>Deroush</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11 22 1950</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>S 0</i>	8. DATE OF BIRTH <i>11/22/50</i>	9. AGE (In years last birthday) <i>0</i>	IF UNDER 1 YEAR <i>0</i> Months <i>0</i> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Mo Delta Com Hospt. Sikeston, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Frank Deroush</i>		13b. MOTHER'S MAIDEN NAME <i>Nona Parks</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Frank Deroush R#1 Sikeston, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>4-5 hrs</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage from umbilical cord</i>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.			<i>7730</i>
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 <i>11/22/50</i> 19 <i>50</i> , to <i>11/22</i> , 1950, that I last saw the deceased alive on <i>11/22</i> , 1950, and that death occurred at <i>10:15</i> A.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>John M. Collins</i>		(Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Stallcup Bldg, Sikeston, Mo</i>	
23c. DATE SIGNED <i>12/11/50</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial 0</i>	24b. DATE <i>11/23/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Sikeston, Mo</i>	
DATE REC'D BY LOCAL REG. <i>12-12-50</i>	REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>	429		5. GENERAL DIRECTOR'S SIGNATURE <i>Harry Jones</i>	
				ADDRESS <i>Sikeston Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **DEC 18 1950**
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1250-1

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Leiston Va

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.