

S. No. 300
V. 10, 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43488

State File No.

FILED JAN 18 1951

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 1

090
4

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

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MC DONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LUTESVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ANDERSON	
c. LENGTH OF STAY (in this place) 4 Mos.		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOND NURSING HOME			

0600
1

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) ARTHUR	c. (Last) COLLINS	4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 24 HRS. Hours --- Min. ---
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY Ministry	11. BIRTHPLACE (State or foreign country) Near Jamestown, Virginia	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Don't know	14. NAME OF HUSBAND OR WIFE Mary Graham
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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) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Virgil E. Collins	ADDRESS Chaffee, Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Malnutrition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 23, 1950, to Dec 25, 1950, that I last saw the deceased alive on Dec 25, 1950 and that death occurred at --- m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Evelle L. Price D.O.	23b. ADDRESS Lutesville, Missouri	23c. DATE SIGNED Dec 28, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-50	24c. NAME OF CEMETERY OR CREMATORY Union Park	24d. LOCATION (City, town, or county) (State) Chaffee, Missouri
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DATE REC'D BY LOCAL REG. Jan 9 - 1951	REGISTRAR'S SIGNATURE Willie Scarborough	25. FUNERAL DIRECTOR'S SIGNATURE Biglinghoff Funeral Home	ADDRESS Chaffee, Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 16 1951

DISTRICT HEALTH OFFICE No. 6

No.

OCT 8 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.

Student
Student Embalmer

Signed *Oliver P. Smith*

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.