

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5380

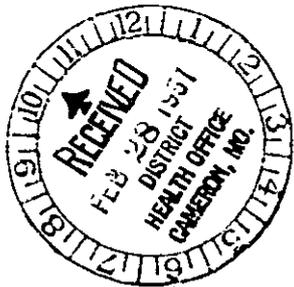
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5769 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Lindley Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lindley Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles N. E. of Cainsville, Mo.		d. STREET ADDRESS (If rural, give location) 7 Miles N. E. of Cainsville, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Belva		b. (Middle) Viuah	
c. (Last) Collins		4. DATE OF DEATH (Month) (Day) (Year) January 31 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 11, 1883.
9. AGE (In years last birthday) 68		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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lindley Twp. Mercer Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Absolum W. C. Collins	
13b. MOTHER'S MAIDEN NAME Sophia Lusk		14. NAME OF HUSBAND OR WIFE	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Vinnie Estelle Collins		ADDRESS Cainsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES 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. Anemia - Cachexia	
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) (m.)		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 March, 1950 , to Jan 31, 1951 , that I last saw the deceased alive on Jan 29, 1951 , and that death occurred at 9:20p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. D. U.		23b. ADDRESS Princeton, Missouri	
23c. DATE SIGNED Feb. 1, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2, 1951	
24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		24d. LOCATION (City, town, or county) (State) Princeton, Cainsville, Mo.	
DATE REC'D BY LOCAL REG. 2-20-51		REGISTRAR'S SIGNATURE M. J. Rutledge	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS Cainsville, Mo.	

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

0650



MAR 2 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, by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed _____

A handwritten signature in dark ink, appearing to read 'Eddie J. Stoklasa', written over a dotted line.

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.