

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 16 1951 STANDARD CERTIFICATE OF DEATH

17391

State File No.

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY <u>0690</u>	
c. LENGTH OF STAY (In this place) 22 yrs		d. STREET ADDRESS (If rural, give location) 317 West Dover <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 West Dover		d. STREET ADDRESS (If rural, give location) 317 West Dover <u>0</u>	

3. NAME OF DECEASED (Type or Print) ISABELLA EMERY COLLINS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 7th 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MARCH 15-1901	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 0 Days 23	IF UNDER 6 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (State or foreign country) Cartersville Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.H.
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13a. FATHER'S NAME PHILIP S EMERY	13b. MOTHER'S MAIDEN NAME MARY E CALDWELL	14. NAME OF HUSBAND OR WIFE M. RUSH COLLINS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. 492-24-2095	17. INFORMANT'S SIGNATURE OR NAME M. Rush Collins	ADDRESS Monroe City 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cancer of Breast with metastasis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	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) (Min.)	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 Feb 27, 1950, to April 7, 1951, that I last saw the deceased alive on April 6, 1951, and that death occurred at 830 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold F. Ellis, D.O.	23b. ADDRESS Monroe City - Mo	23c. DATE SIGNED 4/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-10-1951	24c. NAME OF CEMETERY OR CREMATORY ST. JUDES Cemetery	24d. LOCATION (City, town, or county) (State) MONROE CITY Mo.
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DATE REC'D BY LOCAL REG. 4-11-51	REGISTRAR'S SIGNATURE Anna M. Burdett	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON	ADDRESS MONROE CITY Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 24 1951

Date Received: MAY 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-37-90
Date Filed: MAY 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 me

working under my personal supervision.

Student Embalmer No.

Signed Lelia L. Nelson

Signed.....
Student Embalmer

Licensed Embalmer No. 3017

P. O. Address Manassas City, Md

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.