

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22412**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **4109** Registrar's No. **38**

210  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Keytesville, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Keytesville, Mo.</b> <b>0219</b>	
c. LENGTH OF STAY (In this place) <b>25 years</b>		d. STREET ADDRESS (If rural, give location) <b>Keytesville</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Keytesville</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>Robertson</b> c. (Last) <b>Collett</b>	4. DATE OF DEATH <b>July 8th, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 12th, 1858</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>11</b>	IF UNDER 24 HRS. Days <b>26</b>	IF UNDER 2 HRS. Hours <b></b>	IF UNDER 15 MIN. Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Chariton County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Collett</b>	13b. MOTHER'S MAIDEN NAME <b>Marvilla Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Collett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard Collett</b>	ADDRESS <b>Keytesville, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
	I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <b>Cancer of head of pancreas</b>		
	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 <b>157X</b>	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)	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 **June 29, 1951**, to **July 8, 1951**, that I last saw the deceased alive on **July 5, 1951**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl O. Heger</b> (Degree or title)	23b. ADDRESS <b>M.D. Keytesville, Mo.</b>	23c. DATE SIGNED <b>7/9/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bennett Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Chariton County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/10/51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	55	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Keytesville, Mo.</b>
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Date Received: JUL 16 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-571275  
Date Filed: JUL 16 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 \_\_\_\_\_

working under my personal supervision.

~~Student Embalmer No.~~ .....

Signed H. D. Gant .....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key West, Fla.

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.