

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43757

State File No.

FILED JAN 10 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6144 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY OR TOWN <u>Emden North River</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Emden</u> <u>1820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIVE</u> b. (Middle) <u>VIOLETTIE</u> c. (Last) <u>COLLINS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 14 1870</u>		9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR Months <u>2</u> Days <u>10</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Fulton County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>John M. Slater</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Slater</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Collins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Arman</u> ADDRESS <u>Emden Mo</u>	

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* (a) <u>Heart block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7</u> <u>?</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Degenerative heart disease</u> ? DUE TO (c) <u>Arterio Sclerosis</u> ?		
	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 <u>4-2-2-1</u>	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 Dec 23, 1951, to Dec 24, 1951, that I last saw the deceased alive on Dec 24, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. C. Arman M.D.</u> (Degree or title)	23b. ADDRESS <u>Shelbyville Mo</u>	23c. DATE SIGNED <u>12-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1951 Dec-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Emden Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-31-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Myself

Student Embalmer No.

Signed *E.P. Thompson*

Signed.....
Student Embalmer

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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.