

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32176

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 4284 Registrar's No. 95

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lewis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>La Belle</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>La Belle</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>Life</u>  |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

|                                     |                            |                       |                          |   |
|-------------------------------------|----------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Margaret</u> | b. (Middle) <u>J.</u> | c. (Last) <u>Collins</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 1, 1952</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>March 31, 1868</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>0</u> Days | IF UNDER 1 HR. Hours <u>0</u> Min. |
|----------------------|-------------------------------|---|--|---|--------------------------------------|------------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)<br><u>Washington County, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|-----------------------------------|---|---|

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|---|---|---|
| 13a. FATHER'S NAME<br><u>Thomas Orr</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Ester Dettler</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Sagel Collins</u> |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. George Reddings</u> | ADDRESS<br><u>La Belle, Mo.</u> |
|--|-------------------------|--|---------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><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 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis of the heart</u>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>of long standing</u><br>DUE TO (c) |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>4222</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.) | 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 11/28/1952 to 10/1/1952 that I last saw the deceased alive on Sept 15, 1952, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

|  |                   |                                      |                                    |
|--|-------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>A. S. Coates, Jr.</u> | (Degree or title) | 23b. ADDRESS<br><u>La Belle, Mo.</u> | 23c. DATE SIGNED<br><u>10-4-52</u> |
|--|-------------------|--------------------------------------|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>10/4/52</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>La Belle Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>La Belle Missouri</u> |
|--|-----------------------------|--|---|

|  |   |   |                                 |
|--|---|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>10-7-52</u> | REGISTRAR'S SIGNATURE<br><u>P. W. Jennings M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Glendon J. ...</u> | ADDRESS<br><u>La Belle, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

0560  
1

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 M. J. Pelf

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed J. A. Roder J.

Licensed Embalmer No. 4388

P. O. Address Libelle, 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.