

24568

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howard Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Armstrong</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong MO</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		e. STREET ADDRESS <u>04 N 0</u>	

3. NAME OF DECEASED (Type or Print) <u>ADA</u>	a. (First) <u>ADA</u>	b. (Middle) <u>WOOD</u>	c. (Last) <u>COLLINS</u>	4. DATE OF DEATH <u>July-17-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 16-1880</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>
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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 <u>Nurse work</u>	11. BIRTHPLACE (State or foreign country) <u>Triplitt triplet Mo. U.S.A</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Collins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C-F Walker</u>	ADDRESS <u>Armstrong MO</u>
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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* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>3 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331 X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan. 1953, to July 17, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J Shaw M.D.</u>	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>7-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCollough</u>	24d. LOCATION (City, town, or county) (State) <u>Triplitt MO</u>
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DATE REC'D BY LOCAL REG. <u>July 19, 1953</u>	REGISTRAR'S SIGNATURE <u>Walker</u>	40-0-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>H-S - Roberson</u>	ADDRESS <u>Higbee MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1955
APR 1 1955
JUN 6 1955

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed H S R Johnson

Licensed Embalmer No. 3001

P. O. Address Higbee

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.