No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29473

BIRTH NO. 35749 FILED SEP 8 - 1953 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 3894 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dora
c. LENGTH OF STAY (in this place) 6 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dora
d. STREET ADDRESS ✓ (If rural, give location) 770 / 0

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Dean c. (Last) Collins
4. DATE OF DEATH (Month) (Day) (Year) 8-7-53
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH 6-19-53
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) West Plains Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. A. Collins
13b. MOTHER'S MAIDEN NAME Emma Bryansletter
14. NAME OF HUSBAND OR WIFE ✓
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 J. A. Collins ADDRESS Dora Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 48 days

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 7544
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-19, 1953 *to* 8-7, 1953, *that I last saw the deceased alive on* 8-7, 1953, *and that death occurred at* 1:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Stall (Degree or title) MD
23b. ADDRESS West Plains
23c. DATE SIGNED 8/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/9-53
24c. NAME OF CEMETERY OR CREMATORY Patterson
24d. LOCATION (City, town, or county) (State) Patterson Mo.

DATE REC'D BY LOCAL REG. SEP 9 1953
REGISTRAR'S SIGNATURE Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE Robertson's West Plains ADDRESS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 D D Roberts

Licensed Embalmer No. 3437

P. O. Address West Plain

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.