

STANDARD CERTIFICATE OF DEATH

32133

FILED OCT 6 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give town) JOPLIN	
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) 1902 WISCONSIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1902 WISCONSIN			

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) L. c. (Last) COLLINGS			4. DATE OF DEATH (Month) (Day) (Year) SEPT 25, 1953		
---	--	--	---	--	--

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 1, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
----------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	--------------------------------	--	--------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE			11. BIRTHPLACE (State or foreign country) JOPLIN, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		
--	--	--	--	--	--	---	--	--	---	--	--

13a. FATHER'S NAME JOHN CAWYER			13b. MOTHER'S MAIDEN NAME SARAH ROBINSON			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) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME CHARM COLLINGS, 1902 WISCONSIN				ADDRESS	
--	--	-------------------------------	--	---	--	--	--	---------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectal Colon						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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. Cholecystitis Cholelithiasis Diverterculosis Colon						Years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X						20. AUTOPSY? YES <input checked="" 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)			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 1948, 19 , to 9-25, 1953, that I last saw the deceased alive on 9-17, 1953, and that death occurred at 3:30 AM., from the causes and on the date stated above.

23a. SIGNATURE D. Martin (Degree or title)		23b. ADDRESS 709 Joplin St. Joplin Mo.		23c. DATE SIGNED 9-25-53	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-27-53		24c. NAME OF CEMETERY OR CREMATORY STONEY POINT		24d. LOCATION (City, town, or county) (State) JASPER COUNTY, MISSOURI	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 9-29-53		REGISTRAR'S SIGNATURE 62 S. Parker by S. Parker 138		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	
---	--	--	--	--	--	---------	--

RECEIVED OCT 5 1953

Jasper County Health Office

County File Number 53-9-~~1474~~ 808

Date Filed OCT 5 1953

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.