

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11495**

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5245** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural 2 mi N Keytenville Twp		c. CITY OR TOWN Rothville, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: County Rest Home		STREET ADDRESS (If rural, give location) Rural Keytenville Twp	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Mabel c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 7, 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jacob Schorr		13b. MOTHER'S MAIDEN NAME Mahala Hohiday		14. NAME OF HUSBAND OR WIFE William Collins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Cecil Robinson Rothville Mo		

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial and renal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture neck of femur		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9047 45			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rest Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Keytenville Chariton Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 12 1954 9A-1	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from **Mar 12, 1954**, to **April 17, 1954**, that I last saw the deceased alive on **April 8, 1954**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Hegew M.D.	23b. ADDRESS Keytenville Mo	23c. DATE SIGNED 4/20/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/20/54	24c. NAME OF CEMETERY OR CREMATORY Rothville
24d. LOCATION (City, town, or county) (State) Rothville Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. R. Keppard Mendon Mo	
DATE REC'D BY LOCAL REG. 4/20/54	REGISTRAR'S SIGNATURE Clyde A. Smithey	

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, ~~as by~~ Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *S. L. Leopard*

Licensed Embalmer No. *39*

P. O. Address *Mendon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.