

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18744

State File No.

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST PLAINS,</u>		c. LENGTH OF STAY (in this place) <u>?</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SILOAM SPRINGS, MO.</u>		d. STREET ADDRESS (If rural, give location) <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u>			b. (Middle) <u>MONROE</u>			c. (Last) <u>COLLINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-54</u>		5. SEX <input checked="" type="radio"/> M <input type="radio"/> F		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>6-11-1888</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>DOUGLAS CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PRESS COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET DRISKELL</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	
16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY COLLINS</u>		17. ADDRESS <u>SILOAM SPRINGS, MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction - Acute</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Myocardial Failure</u>		DUE TO (b) <u>Myocardial Failure</u>		DUE TO (c) <u>Myocardial Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>593 X</u>		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 <u>Jan 1, 1954</u> , to <u>May 23, 1954</u> , that I last saw the deceased alive on <u>May 21, 1954</u> , and that death occurred at <u>8:00 PM</u> from the causes and on the date stated above.		23a. SIGNATURE <u>Dr. W. W. Cooper</u> (Degree or title)	
23b. ADDRESS <u>Thayer Mo</u>		23c. DATE SIGNED <u>6-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>5-25-54</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>COLLINS</u>		24d. LOCATION (City, town, or county) (State) <u>WEST PLAINS, MO</u>		DATE REC'D BY LOCAL REG. <u>7-2-54</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379-	
25. FUNERAL DIRECTOR'S SIGNATURE <u>ROBERTSONS</u>		ADDRESS <u>WEST PLAINS, MO</u>		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFAADING 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, or by _____

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

J. H. Roberts

Licensed Embalmer No. *24370*

P. O. Address *West Haven*

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.