

No. 300
10.48

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22878

State File No.

0460
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BIRTH NO. REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5561 Registrar's No.

1. PLACE OF DEATH a. COUNTY HOWELL			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SILOAM SPRINGS,		c. LENGTH OF STAY (In this place) 70 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SILOAM SPRINGS,		
d. FULL NAME OF HOSPITAL OR INSTITUTION X			d. STREET ADDRESS (If rural, give location) R F D		

3. NAME OF DECEASED (Type or Print) REBECCA JANE COLLINS			4. DATE OF DEATH (Month) (Day) (Year) 6-5-54		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 9-26-1871		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 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 X		11. BIRTHPLACE (State or foreign country) OHIO		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME WINGFIELD WHITE		13b. MOTHER'S MAIDEN NAME FRANCES PUGH		14. NAME OF HUSBAND OR WIFE X	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ELLA COLLINS, SILOAM SPRINGS MO				ADDRESS MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 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.					INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222				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)		
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 4-1- 1947 to 5-3- 1954, that I last saw the deceased alive on 5-3- 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23. SIGNATURE Dr. Richard A. Smith D. of West Plains, Mo		23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 7-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 6-9-54	24c. NAME OF CEMETERY OR CREMATORY SILOAM SPRINGS		24d. LOCATION (City, town, or county) (State) SILOAM SPRGS., MO	

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE July 19 1954	25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO	ADDRESS ROBERTSONS, WEST PLAINS, MO
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(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

A. A. Roberts

Licensed Embalmer No. *343*

P. O. Address *West Plains*

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.