

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

FILED NOV 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 36948

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>101</u> | | PRIMARY REG. DIST. NO. <u>5417</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Douglas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>McKinley TWP.</u> | | c. LENGTH OF STAY (in this place) <u>70 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>McKinley TWP.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | | | d. STREET ADDRESS (If rural, give location) <u>Flat Rock District</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>James</u> | | b. (Middle) <u>Haywood</u> | | c. (Last) <u>Collins</u> | |
| | | 4. DATE OF DEATH | | (Month) <u>11</u> | | (Day) <u>1</u> (Year) <u>54</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>11/6/74</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 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>Agriculture</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri, Ozark County.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Nealy Collins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Docia Ann Barton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rosetta Davis</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>494-18-1601</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Collins, Rt. 2, Willow Springs</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis Coronary</u> | | | | <u>One Week</u> | |
| | | 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 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3/10, 1954</u> , to <u>11/1, 1954</u> , that I last saw the deceased alive on <u>11/1, 1954</u> , and that death occurred at <u>4:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| <u>[Signature]</u> | | | | <u>[Address]</u> | | <u>11/2/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>11/2/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Carrol Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Howell County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 16 1954</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>[Address]</u> | |

(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 *Fred W. Barnes*.....

Licensed Embalmer No. *4614*.....

P. O. Address *Willow Springs TN*.....

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.