

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40513**

No. 300
10-48
FILED JAN 4 1955

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5381		Registrar's No. 88					
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo				b. COUNTY Dent			
b. CITY OR TOWN Rural Current			c. LENGTH OF STAY (In city and place) 35 yrs		c. CITY OR TOWN Licking		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If farm, give location) Rural - SE - 7 miles				0230			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes			b. (Middle) Bell		c. (Last) Collins		4. DATE OF DEATH (Month) (Day) (Year) Nov 20, 1954				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 10, 1876		9. AGE (In years, months, days) (If under 1 year, Hours, Min.) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Licking Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Wm Roy			13b. MOTHER'S MAIDEN NAME Cameron			14. TYPE OF MARRIAGE Married					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lawrence Collins				ADDRESS Licking 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Chronic Hypertensive Cardiovascular Disease						(INTERVAL BETWEEN ONSET AND DEATH) not known			
		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 no operation 443x						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 Nov 3, 1954 to Nov 20, 1954 , that I last saw the deceased alive on Nov 20, 1954 and that death occurred at 3:30 PM , from the causes and on the date stated above.											
23a. SIGNATURE L. H. Hunt				(Degree or Title) M.D.				23b. ADDRESS Saline Mo		23c. DATE SIGNED 11/23/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE Nov 23, 1954		24c. NAME OF CEMETERY OR CREMATORY Licking Cem.		24d. LOCATION (City, town, or county) Licking Mo		(State)			
DATE REC'D BY LOCAL REG. 12-9-54		REGISTRAR'S SIGNATURE M. M. Hart, M.D. by M. E. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Smith F. Ferguson		ADDRESS Licking					

(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~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Hubert E. Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Licking*

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.