

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3986

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 228

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (In this place) <u>244 1/2 months</u>	c. CITY OR TOWN <u>Greentown</u>	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 <u>State Hospital no 2</u>		e. STREET ADDRESS (If rural, give location) <u>Rural 04001</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Melissa</u>	b. (Middle) <u>Collins</u>	c. (Last) <u>Montgomery</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-24-1955</u>
-------------------------------------	---------------------------	----------------------------	-----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>not given</u>	9. AGE (In years last birthday) <u>Age 69</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Min. _____
----------------------	-------------------------------	---	-----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	-----------------------------------	--	--

13a. FATHER'S NAME <u>Isaac Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Boales</u>	14. NAME OF HUSBAND OR WIFE <u>not given</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Collins</u>	ADDRESS <u>Laredo Mo</u>
--	-------------------------------------	--	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7221</u>	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 Jan 1, 1955, to Feb 14, 1955, that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>2/24 55</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2/28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>485</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville Mo.</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>March 2, 1955</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u>	ADDRESS <u>St Joseph Mo</u>
---	---	---	-----------------------------

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
Signature of Student Embalmer

Signed *Richard D. Collins*

Licensed Embalmer No. *495*

P. O. Address *St. Joseph*

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.