

STANDARD CERTIFICATE OF DEATH

14614

State File No.

FILED MAY 18 1955

BIRTH NO.		REG. DIST. NO. <u>33</u>		PRIMARY REG. DIST. NO. <u>5111</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY OR TOWN <u>RURAL LIBERTY TWP.</u>		c. LENGTH OF STAY (In this place) <u>40 YRS</u>		c. CITY OR TOWN <u>RURAL LIBERTY TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>809th NEAR ADVANCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO STREET, NEAR ADVANCE</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FERN</u>		b. (Middle) <u>VIOLA</u>		c. (Last) <u>COLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1955</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1-17-1907</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DOCK NEWELL</u>		13b. MOTHER'S MAIDEN NAME <u>NORA WYCKOFF</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD COLLINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-30-4349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD COLLINS</u>		ADDRESS <u>ADVANCE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</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. <u>Hydronephrosis</u>			
19a. DATE OF OPERATION <u>2/4/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pelvic Carcinoma</u>		20. AUTOPSY? YES ☐ NO ☒			
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) <u>171 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10/12/54</u> , 19 <u>54</u> , to <u>4/18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/5/55</u> , 19 <u>55</u> , and that death occurred at <u>7:04</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Sutton M.D.</u>				23b. ADDRESS <u>937 Broadway Cape Girardeau</u>		23c. DATE SIGNED <u>4/21/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>4-26-55</u>		REGISTRAR'S SIGNATURE <u>William H. New</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>LUTESVILLE, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1956

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

J. E. Graham

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.