

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29406

FILED SEP 29 1955

State File No. _____

BIRTH NO. <u>5-5</u>		REG. DIST. NO. <u>114</u>	PRIMARY REG. DIST. NO. <u>486</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN</u>		
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>RR. #2 - Hi-WAY 114</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSP.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNA</u> b. (Middle) <u>FAYE</u> c. (Last) <u>COLLINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 24 1955</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>SEPT. 23, 1955</u>	
9. AGE (In years last birthday) <u>—</u>		10. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>LAWRENCE COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>DONNA BLANKENSHIP</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MAUD BLANKENSHIP SULLIVAN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 hrs</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>776X</u>		
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>Sept 23, 1955</u> , to <u>Sept 24, 1955</u> , that I last saw the deceased alive on <u>Sept 24, 1955</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>John DeCataone M.D.</u>		23b. ADDRESS <u>76 W. Main Sullivan, Missouri</u>		23c. DATE SIGNED <u>SEPT 24, 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>				
DATE REC'D BY LOCAL REG. <u>9/24/55</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Eaton Sullivan, Mo.</u>
				ADDRESS _____

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 _____

Licensed Embalmer No. 4977

P. O. Address Sullivan, Va

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

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