

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 36504

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4194</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Albany</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707 S. Polk</u>				STREET ADDRESS (If rural, give location) <u>707 S. Polk</u> <u>0280</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Mae</u> c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov</u> <u>24</u> <u>55</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Aug 10 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
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>Gentry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs O.M. Pigg</u>		ADDRESS <u>Excelsior Springs 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>Cancer of rectum</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no op.</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Albany, Gentry Mo.</u>			
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>11-23</u> , 19 <u>55</u> , to <u>11-24</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank H. Rose</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>11-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 28-55</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Shook</u> ADDRESS <u>Albany Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

10/16/37

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No...3329

P. O. Address...Albany...Mo

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.