300
48

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12062

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Richland)
c. LENGTH OF STAY (in this place) Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mi. W. Morehouse, Mo. on MOPAC RR Milepost 202-9

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Scott
c. CITY OR TOWN Sikeston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) Un-numbered Jefferson Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) EDGAR
b. (Middle) ALFRED
c. (Last) COLLINS

4. DATE OF DEATH (Month) (Day) (Year) March 12, 1956

5. SEX M
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 13, 1905
9. AGE (In years last birthday) 50 — 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) Section Laborer
10b. KIND OF BUSINESS OR INDUSTRY RR Maintenance
11. BIRTHPLACE (City and State or Foreign Country) Wardell, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allen Collins
13b. MOTHER'S MAIDEN NAME Mary Early
14. NAME OF HUSBAND OR WIFE Gail Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 702 16 0221
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gail Collins — ADDRESS Sikeston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural cause, probably coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

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 4201
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) - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---------- m.
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* -----, 19___, *to* - -, 19___, *that I last saw the deceased alive on* ------, 19___, *and that death occurred at* 10:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ray W. Rainey (Degree or title) Coroner
23b. ADDRESS Dexter, Missouri
23c. DATE SIGNED 2-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 15, 1956
24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery
24d. LOCATION (City, town, or county) (State) 6 mi. N. Puxico, Missouri

DATE REC'D BY LOCAL REG. 3-16-56
REGISTRAR'S SIGNATURE Lois E. Mooney
25. FUNERAL DIRECTOR'S SIGNATURE Edward E. Nunnelee — ADDRESS Nunnelee Funeral Chapel, Sikeston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

10.

APR 24 1956

MAR 29 1958

1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward E. Nunnelle

Licensed Embalmer No. 41

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.