

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33247

FILED NOV 8 - 1956

XC-452 16 68
REG. NO. 12698

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 516

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN FAIRDEALING Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL Length of stay in 1b 14 days		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle W. C. Last COLLINS			4. DATE OF DEATH OCTOBER 16, 1956 Month OCTOBER Day 16 Year 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-12-06
9. AGE (In years last birthday) 50		10. KIND OF BUSINESS OR INDUSTRY AGRI CULTURE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and state or country) HARVIELL, MISSOURI	
13. FATHER'S NAME THOMAS B. COLLINS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII		14. MOTHER'S MAIDEN NAME DELPHA BRINK	
16. SOCIAL SECURITY NO. 491185250		17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 36 hrs. plus or minus.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) P.O. SUBTOTAL GASTRECTOMY FOR SCLEROSING DUODENAL ULCER			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY _____ STATE _____	
21. I attended the deceased from October 2, 1956 to Oct. 16, 1956 Death occurred at 7:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. W. GASKINS, M.D., Chief, Surgical Svc.		22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	
22c. DATE SIGNED 10/16/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 18/56	23c. NAME OF CEMETERY OR CREMATORY Gum	23d. LOCATION (City, town, or county) (State) Ripley Co. Mo.
24. FUNERAL DIRECTOR ADDRESS McCord Gish Naylor, Mo.		25. DATE RECD. BY LOCAL REG. 10/22/56	
26. REGISTRAR'S SIGNATURE RN Muettermann			

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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NOV 2 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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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 *Suzanne McCord*

Licensed Embalmer No. 40

P. O. Address *Waynesburg*

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.