

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34865**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. LENGTH OF STAY (in this place) All Life	c. CITY OR TOWN Neosho
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 616 W, Spring St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 616 West Spring St		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Collings			4. DATE OF DEATH (Month) (Day) (Year) Oct 13, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 14, 1888		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station Opr	10b. KIND OF BUSINESS OR INDUSTRY Filling Sta.	11. BIRTHPLACE (City and State or Foreign Country) McDonald County		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George Collings		13b. MOTHER'S MAIDEN NAME Sarah Clapper		14. NAME OF HUSBAND OR WIFE Lola C. Collings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lola C. Collings ADDRESS Neosho, 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) Carcinoma of Right Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with Metastasis 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. Uremia		INTERVAL BETWEEN ONSET AND DEATH About 14 months 2 weeks	
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19a. DATE OF OPERATION March-1955		19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Right Lung. 16 3x		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) m.		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 **Mar. 2, 1955** to **10-13, 1956**, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:15a** m., from the causes and on the date stated above.

23a. SIGNATURE Melvin C. Bowman M.D. (Degree or title)		23b. ADDRESS Neosho, Mo		23c. DATE SIGNED Oct 16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-15-56		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
				24d. LOCATION (City, town, or county) (State) McDonald County, Mo.	

DATE REC'D BY LOCAL REG. 10-16-56		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Clark-Bigham Mortuary ADDRESS Neosho, Mo.	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

2230

RECEIVED

District Health Officer No. Newton

District File Number 1056-173

Date Filed Oct 19 1950

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..... Reida Howell

Licensed Embalmer No. 3590

P. O. Address..... John N

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.