

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37824

5569 DATE FILE NUMBER

FILED DEC 4 - 1956

Registration District No. 143 Primary Registration District No. 1437 Registrar's No. 28

300
 1-56
 health, Welfare
 Public
 Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Howell		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs R#2 Fern Ridge Twp.		c. CITY OR TOWN Willow Springs R#2		d. STREET ADDRESS (If outside, give location) Fern Ridge Twp.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs R#2 Fern Ridge Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Willow Springs R#2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. DATE OF DEATH	
First Henry Middle COLLINS Last COLLINS				Month Nov. Day 25, Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Howell County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Sol Collins				14. MOTHER'S MAIDEN NAME Trillie Lumley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Leonard Collins, Willow Springs, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchitis DUE TO (c) 526.X						INTERVAL BETWEEN ONSET AND DEATH Days years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none						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		COUNTY STATE	
21. I attended the deceased from 11-25-56 to 11-25-56 and last saw ^{her} _(child) alive on 11-25-56 Death occurred at Approx 6 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. E. L. Walker, M.D. (Degree or title)				22b. ADDRESS Willow Springs, Mo.		22c. DATE SIGNED 11-26-56.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-28-56		23c. NAME OF CEMETERY OR CREMATORY Carrol Cemetery		23d. LOCATION (City, town, or county) (State) Fern Ridge Twp., Mo.	
24. FUNERAL DIRECTOR Burns Funeral Home, Willow Spgs., Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 11/26/56		26. REGISTRAR'S SIGNATURE Marshall Ballard	

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

Fred W. Barnes
Signed..... Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs

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