FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1169
STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 307 Park St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN Willow Springs — Inside Limits Yes X No
d. STREET ADDRESS 307 Park St. (If outside, give location) — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last OAKS
4. DATE OF DEATH Month Jan. Day 20 Year 1957
5. SEX Female
6. COLOR OR RACE white
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Sept. 19, 1870
9. AGE (In years last birthday) 86 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Howell county, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Samuel Collins
14. MOTHER'S MAIDEN NAME Anna Collins
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 Julia Jackson, Willow Springs, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Abdominal carcinoma-metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary lesion undetermined
DUE TO (c) Liver disfunction
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Senility 1997
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Willow Springs COUNTY Howell STATE Mo

21. I attended the deceased from 8/10 to 1-21- and last saw her/him alive on 1-22-57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold W. Miller (Degree or title)
22b. ADDRESS Willow Springs Mo
22c. DATE SIGNED 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE THES. JAN. 22 '57 - 2 PM.
23c. NAME OF CEMETERY OR CREMATORY SIKOAM SPRINGS CEMETERY
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR J. Burns ADDRESS Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 1/22/57
26. REGISTRAR'S SIGNATURE Marshalle Ballard

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 14 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed J. C. Burns

Licensed Embalmer No. 3379.

P. O. Address Willow Spri

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