

FILED FEB 13 1957

## STANDARD CERTIFICATE OF DEATH

3437

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 6186 Registrar's No. 14

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Laney</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hilda</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Laney</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in lb <i>year</i>		c. CITY OR TOWN <i>Hilda</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Robert Walter Collins</i>				4. DATE OF DEATH <i>Jan. 17, 1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <i>March 17, 1892</i>	
9. AGE (In years last birthday) <i>74</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Texas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Joe L. Collins</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>m</i>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT <i>Pearl Collins Hilda M</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hydrothoracic Pneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>mal nutrition</i>					
		DUE TO (c) <i>senility</i>					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>2865</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 WORK <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 <i>June, 1956</i> to <i>Jan., 1957</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>1-17-57</i> Death occurred at <i>10:30 P</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Mary King, D.O.</i>				22b. ADDRESS <i>Forsyth, Mo.</i>		22c. DATE SIGNED <i>1-21-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
<i>Burial</i>		<i>1-20-57</i>	<i>Ozark Memorial</i>		<i>Bramson, Mo</i>		
24. FUNERAL DIRECTOR <i>Forsyth Funeral Home Forsyth Mo</i>			25. DATE RECD. BY LOCAL REG. <i>2-4-57</i>		26. REGISTRAR'S SIGNATURE <i>Helew Campbell</i>		

(Licensed Embalmer's Statement on Reverse Side)

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in their reports. Do not use abbreviations or initials. Do not use "et al." or "et seq." in the signature. Do not use "et al." or "et seq." in the signature. Do not use "et al." or "et seq." in the signature.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

14

3.75  
300  
-----  
675

MS AUG 3 1960

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.....  
*Walter S. Cobb*

Licensed Embalmer No.....  
47

P. O. Address.....  
*Trujillo*

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.