

FILED APR 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

14312

BIRTH NO.		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>49</u>			
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Braymer</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penny Rest Home</u>				e. STREET ADDRESS <u>0130</u> (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Laura</u>			a. (First)		b. (Middle) <u>May</u>		c. (Last) <u>Collins</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>4/11/1957</u>			5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Aug. 8, 1865</u>			9. AGE (in years last birthday) <u>92</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Abraham Phillip</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Henry G. Collins</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Clifford Collins</u>			ADDRESS <u>Kansas City</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>Hypertension</u>				DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>						20. AUTOPSY? <u>2</u> 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)		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 <u>Jan. 18, 1955</u> , to <u>April 11, 1957</u> , that I last saw the deceased alive on <u>April 11, 1957</u> , and that death occurred at <u>2:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harry M. Griffith, M.D.</u>				23b. ADDRESS <u>Richmond, Mo.</u>			23c. DATE SIGNED <u>4-12-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/13/1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 15, 1957</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geneb. Michael, Braymer, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0891

273

April 15

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 Genel Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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.