

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47475

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 314

Primary Registration District No. 6064

Registrar's No. 1

1. PLACE OF DEATH a. COUNTY ST CLAIR			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSCEOLA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN OSCEOLA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSCEOLA TOWNSHIP		Length of stay in lb	d. STREET ADDRESS (If outside, give location) OSCEOLA TOWNSHIP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALTA - COLLINS			4. DATE OF DEATH Month Day Year DEC, 27, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT, 20, 1881	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME LEVI KINSEY		13b. MOTHER'S MAIDEN NAME MARY SAILOR		14. NAME OF HUSBAND OR WIFE NELS COLLINS	
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. NONE	17. INFORMANT Address NELS COLLIN, OSCEOLA 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) UREMIA					INTERVAL BETWEEN ONSET AND DEATH ONE WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC GLOMERULONEPHRITIS					UNKNOWN
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARDIAC ARRHYTHMIA					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 OCT. 1956 to DEC. 1957 and last saw her alive on 12-27-57 Death occurred at 5:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. L. Shipman, D.O. (Degree or title)			22b. ADDRESS Osceola, Mo.		22c. DATE SIGNED 12-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-29-57	23c. NAME OF CEMETERY OR CREMATORY OSCEOLA		23d. LOCATION (City, town, or county) (State) Osceola Mo
24. FUNERAL DIRECTOR Goodrich 7 HOME		ADDRESS OSCEOLA MO		25. DATE RECD. BY LOCAL REG. 1-10-58	26. REGISTRAR'S SIGNATURE Hertha Sawyer

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J.B. [Signature]*

Licensed Embalmer No. *3038*

P. O. Address *Osceola 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.