

Dr. Thomasson

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9003-58

58-013810
 STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 418

300
 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Plains Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hosp.		Length of stay in lb 2 Days	d. STREET ADDRESS (If outside, give location) 920 Lincoln Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GREGORY JOE COLLINS			4. DATE OF DEATH Month Day Year April 19 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24 1958	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min. 1 25	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) WEST PLAINS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HORRACE COLLINS	13b. MOTHER'S MAIDEN NAME SHERLEY BRIXEY	14. NAME OF HUSBAND OR WIFE X
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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. No	17. INFORMANT HORACE BRIXEY Address WEST PLAINS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Kidney infection		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acidosis dehydration		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.) 6002
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from 4-10-58 to 4-19-58 and last saw her alive on 4-18-58 Death occurred at 9:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Thomasson (Degree or title)	22b. ADDRESS 1630 N. Jefferson	22c. DATE SIGNED 4-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-23-58	23c. NAME OF CEMETERY OR CREMATORY COLLINS CEMETERY	23d. LOCATION (City, town, or county) (State) WEST PLAINS MO.
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24. FUNERAL DIRECTOR Robertson Funeral Home	ADDRESS West Plains, MO.	25. DATE RECD. BY LOCAL REG. 4-23-58	26. REGISTRAR'S SIGNATURE Effie B. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 30 1958

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.

THIS BODY WAS NOT EMBALMED.....

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

P. O. Address.....

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.