Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021757
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) West Plains — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rte 3 — Length of stay in Hospital 77 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN West Plains — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rte 3 — Reside on Farm Yes ☒ No ☒

3. NAME OF DECEASED (Type or print) First Anrilen Middle R Last Collins

4. DATE OF DEATH Month 5 Day 16 Year 58

5. SEX Female
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 1-5-1881
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 4 Days 11 — 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

13a. FATHER'S NAME Lon Robinson
13b. MOTHER'S MAIDEN NAME Jane Brown
14. NAME OF HUSBAND OR WIFE Shelt Allie Collins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Herbert Collins Address West Plains Mo.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-Renal-Vascular Disease — 8 yrs.
DUE TO (c) 442X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ O

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 COUNTY STATE

21. I attended the deceased from 5-12-58, to 5-16-58 and last saw her alive on 5-15-58
Death occurred at 5-16-58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard A. Smith (Degree or title) D.O.
22b. ADDRESS West Plains, Mo.
22c. DATE SIGNED 5-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) B
23b. DATE 5-18-1958
23c. NAME OF CEMETERY OR CREMATORY Union Grove
23d. LOCATION (City, town, or county) West Plains (State) Mo.

24. FUNERAL DIRECTOR Robertson's ADDRESS West Plains Mo
25. DATE RECD. BY LOCAL REG. 7-10 58
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed/Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 16 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.

Student .....
Signature of Student Embalmer

Signed D. D. Robertson

Licensed Embalmer No. 3432

P. O. Address West Plain

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.