Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024440
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY WRIGHT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) MANSFIELD — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN MANSFIELD 11400 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MANSFIELD — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) MANSFIELD — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HARRIET Middle M Last COLLISON		4. DATE OF DEATH Month Day Year 6/4/58	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH April 14, 1871
9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	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 housewife	11. BIRTHPLACE (City and state or country) Cedar County, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Abram Osborn	13b. MOTHER'S MAIDEN NAME Adelia Baldwin	14. NAME OF HUSBAND OR WIFE Frank Collison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Frank A. Collison, Mansfield, 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 18 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis - Hypertension

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 May 16-58 to June 3-58 and last saw her/him alive on June 3-58

Death occurred at ___ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W.G. Zimmerman D.O.	22b. ADDRESS Mansfield Mo	22c. DATE SIGNED 6/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/7/58	23c. NAME OF CEMETERY OR CREMATORY MANSFIELD CEMETERY
23d. LOCATION (City, town, or county) (State) MANSFIELD, MO.		
24. FUNERAL DIRECTOR Don Terrell	ADDRESS MANSFIELD, MO.	25. DATE RECD. BY LOCAL REG. Jul. 1-58
26. REGISTRAR'S SIGNATURE [signature]		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/6/58
WRIGHT CO. HEALTH DEPT.
County File Number 758/55
Date Filed 7/13/58

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 Don G Terrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.