

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000006

STATE FILE NUMBER

Birth, welfare, public assistance

FILED JAN 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Powersville R. F. D. 0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>York Township</u>	
Length of stay in 1b <u>3 Days</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Wesley</u> Middle <u>Robert</u> Last <u>Collins</u>			4. DATE OF DEATH Month <u>January</u> Day <u>20</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 20, 1886</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Putnam County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Eli Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Margaret Harrison</u>	14. NAME OF HUSBAND OR WIFE <u>Mary LeVina Collins</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-42-2759</u>	17. INFORMANT Address <u>Barnest Collins R. F. D. Lucerne, Mo.</u>
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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) <u>DELAYED TRAUMATIC SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>60 MIN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>MULTIPLE FRACTURES RIBS - RT THORAX</u>	<u>1-17-59</u>
	DUE TO (c) <u>PUNCTURE LUNG, FRACTURE SCAPULA &amp; PELVIS</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HEMATURIA (Autopsy REFUSED)</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile Accident</u>
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20c. TIME OF INJURY <u>2</u> p.m. <u>1-17-59</u>	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 <u>333 COUNTY STATE</u>
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21. I attended the deceased from <u>1-17-59</u> to <u>1-20-59</u> and last saw <sup>them</sup> alive on <u>1-20-59</u> Death occurred at <u>7:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Earl Laughlin Do 2</u>	22b. ADDRESS <u>Berkton, Mo</u>	22c. DATE SIGNED <u>1-23-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/23/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Torrey Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> By <u>J. W. Comstock</u>	ADDRESS <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>David W. Ratliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
EARL LAUGHLIN DO 2 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

FEB. 5 1959

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 *James W Comstock* ..... Licensed Embalmer No. *4127* .....

P. O. Address *Unionville, N.C.*

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.