

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010276
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 91

FILED APR 14 1959

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meryville Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Length of stay in 1b 10 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Meryville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1321 East 4th Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last CORDELIA H. COLLINS
4. DATE OF DEATH Month Day Year 4 6 59

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 7/3/71 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 Own home 11. BIRTHPLACE (City and state or country) Maryville, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Holten Fannon 13b. MOTHER'S MAIDEN NAME Nancy Louise ? 14. NAME OF HUSBAND OR WIFE George A. 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 George A. Collins, Maryville, 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) Cardiac decompensation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis
DUE TO (c) Coronary occlusion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
INTERVAL BETWEEN ONSET AND DEATH 12 hrs
?
?

19. WAS AUTOPSY PERFORMED? 2 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 Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT 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 1/14/59 to 4/6/59 and last saw her alive on 4/6/59
Death occurred at 12:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. S. Bylandt M. D. 22b. ADDRESS Maryville, Missouri 22c. DATE SIGNED 4/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) buried 23b. DATE 6/8/59 23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove 23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR Price Funeral Home, ADDRESS Maryville, Mo. 25. DATE RECD. BY LOCAL REG. 4 6 59 26. REGISTRAR'S SIGNATURE Bess Holt

S. 300
1-57

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 *Clum M. Pucci*

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.