URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 20 1959

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 16

59-038831
STATE FILE NUMBER

RENDED

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 W Woodlawn Home Vandalia, Mo.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia,
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 402 W. Woodlawn
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Zora Middle Shelton Last Collins
4. DATE OF DEATH Month Nov. Day 7 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-7-90
9. AGE (last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR 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) Gazette, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Charles Wright
13b. MOTHER'S MAIDEN NAME Emma Smith
14. NAME OF HUSBAND OR WIFE Ivan 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. 493-09-8580
17. INFORMANT Husband Address Vandalia Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Severe Varicosities	15 yrs.
DUE TO (c)	Cancer of Breast	18 mo.

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 6-10-1954, to 11-6-59 and last saw her alive on 11-6-59.
Death occurred at 11 am Nov-7-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.R. Dougherty (Degree or title) DO.
22b. ADDRESS Vandalia Mo.
22c. DATE SIGNED 11-18-59.

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-9-59
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary
23d. LOCATION (City, town, or county) (State) Vandalia, Missouri.

24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia Mo
25. DATE RECD. BY LOCAL REG. Nov. 18 1959
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed William B Slater

Signature of Student Embalmer

Licensed ~~Embalmer No.~~ 4169

P. O. Address Vandalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.