

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960 187

-60-007169

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3040 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Meadville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>6</u> (if outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HOWARD</u> Middle <u>A</u> Last <u>COLLIS</u>				4. DATE OF DEATH Month <u>2</u> Day <u>17</u> Year <u>60</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-9-92</u>	9. AGE (last birthday) <u>67</u>	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) <u>Bulk Agent</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Petroleum</u>		11. BIRTHPLACE (City and state or country) <u>Mt. Pleasant, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Charles Collis</u>			13b. MOTHER'S MAIDEN NAME <u>Molly Stucker</u>			14. NAME OF HUSBAND OR WIFE <u>Ruby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>NW I</u>			16. SOCIAL SECURITY NO. <u>487-10-5456</u>		17. INFORMANT Address <u>Ruby Collis, Meadville, Missouri</u>				
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) <u>Accidental Gunshot Wound, head 22 Cal.</u>							<u>30 hrs</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>									
DUE TO (c) _____									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>PM</u>		Month, Day, Year <u>2-16-60</u>			<u>n54</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>around home</u>		20f. CITY, TOWN, OR LOCATION <u>Meadville</u>		COUNTY <u>Linn</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>1946</u> to <u>2-17-60</u> and last saw <u>him</u> alive on <u>2-17-60</u> Death occurred at <u>7:00</u> <u>p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. V. Anderson M.D.</u> (Degree or title)				22b. ADDRESS <u>Chillicothe, Missouri</u>				22c. DATE SIGNED <u>2-20-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Meadville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Meadville, Missouri</u>				
24. FUNERAL DIRECTOR <u>Brothers, Meadville, Missouri</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2/29/60</u>		26. REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

MAR 24 1961  
MAR 8

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Knight

Licensed Embalmer No. 4658

P. O. Address Madville, Vt.

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