

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-015078**

FILED VS MAY 9 1960

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 74

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> Length of stay in 1b <u>two</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN <u>Silsbee Grgs</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Ida Jane Collins</u> 4. DATE OF DEATH Month Day Year <u>4-20-60</u>			<b>5. SEX</b> <u>F</u> <b>6. COLOR OR RACE</b> <u>W</u> <b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>12-13-94</u> <b>9. AGE (last birthday)</b> <u>65</u>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <input checked="" type="checkbox"/>		<b>11. BIRTHPLACE</b> (City and state & country) <u>Douglas Co. Mo</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Amos Collins</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rebecca White</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <input checked="" type="checkbox"/>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>yes</u>		<b>17. INFORMANT</b> Name <u>Viran Collins</u> Address <u>West Plains Mo</u>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>  <u>2 years</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>2:25/56</u> <b>to</b> <u>4/20/60</u> <b>and last saw her</b> <u>4/20/60</u> <b>alive on</b> _____ <b>Death occurred at</b> _____ <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>					
<b>22a. SIGNATURE</b> (Degree or title) <u>M. L. Fowler, MD</u>			<b>22b. ADDRESS</b> <u>West Plains Mo</u>		<b>22c. DATE SIGNED</b> <u>4/27/60</u>
<b>23a. BURIAL, CREMATION, or other disposal</b> (Specify) <u>burial</u>		<b>23b. NAME OF CEMETERY OR CREMATORY</b> <u>Weslow</u>		<b>23c. LOCATION</b> (City, town, or county) (State) <u>Weslow Grgs, Mo.</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Robertson West Plains, Mo</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>5-3-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Beatrice Cook</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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 *J. A. Roberts*

Licensed Embalmer No. 343

P. O. Address West 7th

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.