

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. SEP 21 1960 47

-60-034036  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3008 Registrar's No. 257

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>22½ years</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Hospital No. 1</b>		d. STREET ADDRESS <b>unknown</b> (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Theobold</b> Middle <b>M.</b> Last <b>Collins</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>12,</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unk</b>		11. BIRTHPLACE (City and state or country) <b>unk</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>unk</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>UNK</b>		17. INFORMANT <b>State Hospital No. 1 Fulton, Mo.</b> Address _____		

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) <b>Coronary insufficiency</b>		
DUE TO (b) <b>Advanced arteriosclerosis</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Heart, myocardial infarction, healed</b>		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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <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.) <b>State Hospital No. 1</b>	20f. CITY, TOWN, OR LOCATION <b>6-30-1938</b> to <b>9-12-1960</b>	COUNTY _____ STATE _____
21. <input checked="" type="checkbox"/> attended the deceased from <b>6:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <b>William V. Fairicell M.D.</b> (Degree or title)		22b. ADDRESS <b>Fulton, Mo.</b>		22c. DATE SIGNED <b>9/12/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9/12/60</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

24. FUNERAL DIRECTOR <b>Maupin Funeral Home, Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>17 Sept 60</b>	26. REGISTRAR'S SIGNATURE <b>Maetta Lawrence</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 21 1960

**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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Fulton, 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.