

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034565

LED VS SEP 1 9 1960

Registration District No. 139 Primary Registration District No. 4223 Registrar's No. 56

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Holt</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maitland</u>		Length of stay in 1b <u>70 yrs</u>	c. CITY OR TOWN <u>Maitland</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			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Ralph Waldo Collison</u>			4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Cau.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-17-1881</u>	9. AGE (last birthday) <u>79 yrs</u>	IF UNDER 1 YEAR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Gen. Merchandise</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Collison</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Oren</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Collison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Mrs. Katherine Collison, Maitland, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Spleen</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ s.m. _____ p.m. _____ Month, Day, Year _____					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 19, 1960</u> to <u>Sept. 8, 1960</u> and last saw <sup>her</sup> him alive on <u>Sept. 8, 1960</u> Death occurred at <u>5:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M.C. Jew D.O.</u>			22b. ADDRESS <u>Maitland, Mo</u>		22c. DATE SIGNED <u>9-9-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-11-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cem-</u>		23d. LOCATION (City, town, or county) (State) <u>Maitland, Mo</u>
24. FUNERAL DIRECTOR <u>Atchison Funeral Home, Maryville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-13-1960</u>		26. REGISTRAR'S SIGNATURE <u>Janet Crawford</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

MAR 7 1961

### 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

*G. M. Atchison*

Licensed Embalmer No. 337

P. O. Address Maryville

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