URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038223

STATE FILE NUMBER

FILED VS OCT 24 1960

ENDED

Registration District No. 141 Primary Registration District No. 3550 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moody — Length of stay in 1b 51 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ✓ ✓ — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Howell
c. CITY OR TOWN Moody — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Wm Taft Collins

4. DATE OF DEATH Month Day Year: 10/7-1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/3-09
9. AGE (last birthday): 51 — 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): Retired Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Moody Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: A.C. Collins
13b. MOTHER'S MAIDEN NAME: Sarah Kay
14. NAME OF HUSBAND OR WIFE: Fathel 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.: yes
17. INFORMANT: Mrs W. J. Collins, Address: Moody Mo

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) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension, Chr. Arterial Severe
DUE TO (c) Post Cerebral Hemorrhage

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 Dec 1956, to 7 Oct 1960 and last saw him alive on Sept 1960
Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.M.D.
22b. ADDRESS: West Plains, Mo
22c. DATE SIGNED: 17/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): [signature]
23b. DATE: 10/9-60
23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
23d. LOCATION (City, town, or county) (State): West Plains Mo

24. FUNERAL DIRECTOR: Roberts ns — ADDRESS: West Plains Mo
25. DATE RECD. BY LOCAL REG.: 10-20-60
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3437

P. O. Address _____

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