

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH						-61-002033		
DEPARTMENT OF PUBLIC HEALTH AND WELFARE						STATE FILE NUMBER		
FILED IN JAN 26 1961 774 Primary Registration District No. 3035 Registrar's No. 9								
AMENDED								
DATE AMENDED	1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri b. COUNTY Lafayette				
	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington			Length of stay in lb 40 Yr.		c. CITY OR TOWN Lexington		
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 N. 24 th, St			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2106 1/2 South St.		
	3. NAME OF DECEASED (Type or print) HELEN JANE COLLINS			4. DATE OF DEATH January 18 1961				
	5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 26, 1926	
	9. AGE (last birthday) 40		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary & Book keeper		10b. KIND OF BUSINESS OR INDUSTRY employee		11. BIRTHPLACE (City and state or country) Lexington, Mo.	
	12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME John V. Collins		13b. MOTHER'S MAIDEN NAME Kizzie J. Warder		14. NAME OF HUSBAND OR WIFE None	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-03-4633		17. INFORMANT Mrs. Rosemary Helm, Lexington, Mo		Address	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Found dead. History Chronic alcoholism & Liver - 10 yrs Death probably due to coronary occlusion DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) No evidence of violence 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						INTERVAL BETWEEN ONSET AND DEATH	
	MEDICAL CERTIFICATION	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 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from after death Death occurred at F. Hunt at 11:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						and last saw her alive on never		
22a. SIGNATURE J. Martin			22b. ADDRESS Odessa, Mo			22c. DATE SIGNED 1-19-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/21/61		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Lexington, Mo.		
24. FUNERAL DIRECTOR Vaughn-Walker		ADDRESS Lexington, Mo.		25. DATE RECD. BY LOCAL REG. 1-20-61		26. REGISTRAR'S SIGNATURE M. E. Eustace		
BY AFFIDAVIT OF								
INSTEAD OF								
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS								

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address Lexington, Va.

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.