

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004355

FILED JAN 30 1961

STATE FILE NUMBER

AMENDED

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 5

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark. b. COUNTY Boone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in 1b 2 days	c. CITY OR TOWN Omaha		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Hwy. 65		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES JOSEPH COLLINS			4. DATE OF DEATH Month Day Year Jan. 14, 1961			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/4/1809	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 0 Days 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY maintenance	11. BIRTHPLACE (City and state or country) New York, N.Y.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Collins		13b. MOTHER'S MAIDEN NAME Margaret Kadell		14. NAME OF HUSBAND OR WIFE Mildred Collins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1908-1912		16. SOCIAL SECURITY NO. 1908-1912	17. INFORMANT Address Mildred Collins Omaha, Ark.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Arteriosclerosis Generalized DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m.						
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 <u>1/10/61</u> to <u>1/14/61</u> and last saw him alive on <u>1/14/61</u> Death occurred at <u>Branson</u> <u>12:30</u> <u>2</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Koy Hillis M.D.			22b. ADDRESS Branson Mo		22c. DATE SIGNED 1/18/61	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
burial	1/10/61	Omaha Cemetery		Omaha, Ark		
24. FUNERAL DIRECTOR ADDRESS Whelchel Chapel, Branson, Mo			25. DATE RECD. BY LOCAL REG. 1-23-61	26. REGISTRAR'S SIGNATURE Belew Campbell		

JAN 31 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Branham, 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.