

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008569

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 51

AMENDED

FI ED APP 1 0 1961

1. PLACE OF DEATH a. COUNTY <u>Haskell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Haskell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		Length of stay in 1b	c. CITY OR TOWN <u>West Plains</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt 1 Willow Springs</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Melinda</u> Middle <u>Belle</u> Last <u>Collins</u>			4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>61</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wht</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-24-1870</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Ky</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mahilia Sturgul</u>		14. NAME OF HUSBAND OR WIFE <u>J. F. Collins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Charlie Gilbert West Plains</u>	
		(If yes, give war or dates of service)		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) <u>CEREBRAL HEMORRHAGE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>			
DUE TO (c) <u> </u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(1) Senility (2) Osteoarthritis</u>			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

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.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from 7-28-59 to 3-24-61 and last saw her alive on 3-24-61
Death occurred at 4:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dr. W. Wilson</u>	(Degree or title)	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>3-31-61</u>
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE <u>3-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem Remona</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Robertson's West Plains</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-6-61</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

(Licensed Embalmer's Statement on Reverse Side) Wills

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. D. Robertson*

Licensed Embalmer No. 3432

P. O. Address _____

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.