

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043524

STATE FILE NUMBER

Registration District No. 233 Primary Registration District No. 4342 Registrar's No. 135

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 11 1962

VS 300  
Rev. 6-59

10700  
20920

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1296-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>MONT COMERY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jonesburg</b>		Length of stay in lb <b>3 yrs.</b>	c. CITY OR TOWN <b>Curryville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jonesburg Rest Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Indian Township</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Nathan Robert Collins</b>			4. DATE OF DEATH Month Day Year <b>Nov. 22 1962</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/26/1873</b>
9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pike Co.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>			
13a. FATHER'S NAME <b>William Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Vannoy</b>	14. NAME OF HUSBAND OR WIFE <b>Paulina Kilby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Sturley Collins, Bowling Green, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Artery Occlusion.</b> <b>Massive Coronary Embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Min.</b>
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			Sev. Yrs
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Brain Syndrome. Chronic Brain Disease. Senility.</b>			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 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 <b>Aug. 5, 1960</b> to <b>Nov. 22, 1962</b> and last saw him alive on <b>Nov. 21, 1962</b> Death occurred at <b>9:15</b> p. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. H. Thompson DO</b>		22b. ADDRESS <b>New Florence, Mo.</b>	22c. DATE SIGNED <b>11/24/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/24/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kilby Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pike Co., Mo.</b>
24. FUNERAL DIRECTOR <b>Melvin B. Water, Vanderlin Mo</b>		25. DATE RECD. BY LOCAL REG. <b>12/8/1962</b>	26. REGISTRAR'S SIGNATURE <b>Laurie B. Callaway</b>

**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 William B. Kater

Licensed Embalmer No. 4169

P. O. Address Waukegan, Wisconsin

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.