

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047783

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 147

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
10735				
2 0730				
3				
4 1				
5 1				
6				
7 1				
8 0				
94200				
10				
11				
12 2-0				
13 6-0				
	MEDICAL CERTIFICATION	BY AFFIDAVIT OF		
	SHOULD READ			
	ITEM NO.			

USE BLACK INK OR TYPEWRITER RIBBON

1. FILED DEC 18 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Newton		a. STATE Mo.	b. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Granby	
Length of stay in 1b 2 da.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Roma	Middle Dorthulea	Last Collinsworth	Month 12 Day 7 Year 1962
5. SEX Female	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 2-23-1899
9. AGE (last birthday) 63		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Kn oxville, Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jackie Thomas		13b. MOTHER'S MAIDEN NAME Nyla McBee	
14. NAME OF HUSBAND OR WIFE Milton Collinsworth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
17. INFORMANT Milton Collinsworth-Granby, Mo. R#1		Address	
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 2 yrs	
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with cardiac decompensation			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) decompensation			
DUE TO (c)			
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 1 a.m. Month, Day, Year 12/7-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Neosho, Mo.	COUNTY Mo. STATE
21. I attended the deceased from 1959 to 12/7-62 and last saw her alive on 12/7-62		Death occurred at 1 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Harold C. Lutz, M.D. (Degree or title)		22b. ADDRESS Neosho, Mo.	22c. DATE SIGNED 12/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-10-1962	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery	
23d. LOCATION (City, town, or county) Stella, Missouri		23e. REGISTRAR'S SIGNATURE Deydrene Belka	
24. FUNERAL DIRECTOR Shewmake Funeral Home-Granby, Mo.		25. DATE RECD. BY LOCAL REG. 12-7-62	

DEC 27 1962

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 Floyd E Skumicki

licensed Embalmer No. 4923
P. O. Address Box 218 Hardy, Miss

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.