

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046987

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. 512 Registrar's No. 2

FILED JAN 9 1964

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		c. CITY OR TOWN ZALMA	
Length of stay in 1b 6 mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt-3		d. STREET ADDRESS (If outside, give location) Rt-1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) FRANCES MARION COLLINS		4. DATE OF DEATH MAY 30, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 15 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Bollinger County, MO		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME H. O. COLLINS		13b. MOTHER'S MAIDEN NAME MELINDA SULLIVAN	
14. NAME OF HUSBAND OR WIFE MARY		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. NO		17. INFORMANT Ed Collins, Address MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN - Probable Coronary DUE TO (b) EXPOSURE DUE TO (c) Lost in Woods - MAY 28 1963 - to JAN - 3 - 1964		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) deceased Left Home 5-28-63 - Lost until 1-3-1964		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 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.	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 ZALMA MO		
21. I attended the deceased from _____, to _____ and last saw him alive on DEAD JAN 3, 1964		Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE Gene Ward - Coroner	(Degree or title)	22b. ADDRESS Lutesville, MO	22c. DATE SIGNED JAN 4 1964
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-4-64	23c. NAME OF CEMETERY OR CREMATORY BALCH CHAPEL	23d. LOCATION (City, town, or county) ZALMA MO
24. FUNERAL DIRECTOR Gene Ward	ADDRESS Lutesville MO	25. DATE RECD. BY LOCAL REG. 1/7/64	26. REGISTRAR'S SIGNATURE Mrs Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Licensed Embalmer No. _____
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.

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