

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26749

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5508 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>Beard Creek Twp</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> <u>12</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> <u>Mo. R.F. 1</u> c. LENGTH OF STAY (In this place)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Deepwater</u> <u>P. 7. W. 3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Erastus</u>		a. (First)	b. (Middle)	c. (Last) <u>Collins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Dec 28-1889</u>	9. AGE (In years last birthday) <u>59</u> <u>7</u> <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John C. Collins</u>		13b. MOTHER'S MAIDEN NAME <u>May Hoover</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Howard Strickland</u> ADDRESS <u>Deepwater</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, Atherosclerosis, Cholelithiasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Liver</u> DUE TO (c) <u>Cold</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cold</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4500</u> <u>24 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Deepwater</u> <u>Henry</u> <u>Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <u>Aug 23</u> 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>August 23, 1949</u> , and that death occurred at <u>Dead on feet on road on Dec 24, 1949</u> above.						
23a. SIGNATURE <u>H. C. Hoover</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Deepwater Mo</u>		
23c. DATE SIGNED <u>8-26-49</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tray Chapel</u>		
24d. LOCATION (City, town, or county) (State) <u>Henry</u> <u>Mo.</u>						
DATE REC'D BY LOCAL REG <u>Aug-28-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Yarn Street</u> ADDRESS <u>Deepwater Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7;

District File Number 849-1028

Date Filed 9-7-49

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.

Signed.....

Tom Hurst

Signed.....

Student Embalmer

Licensed Embalmer No. 2782

P. O. Address Deepwater m

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 this body is not embalmed, fact should be so stated above.