

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

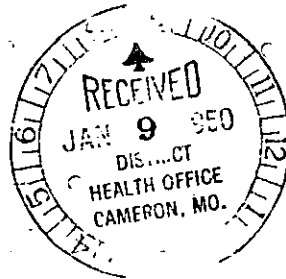
State File No. 40676

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5320</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville Rural</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville Rural, Wash. TWP.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 4, Mile north</u>				d. STREET ADDRESS (If rural, give location) <u>4, Mi. North of Stewartsville</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Mary</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Collins</u>		(Month) (Day) (Year) <u>Dec 9 49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Jan. 13, 1856</u>	
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>DeKalb Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Bartlett</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Mattox</u>			14. NAME OF HUSBAND OR WIFE <u>Smith Collins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Collins Stewartsville Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>4500</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Oct-11, 1949</u> , to <u>Dec-9, 1949</u> , that I last saw the deceased alive on <u>Dec-8, 1949</u> , and that death occurred at <u>10:00 p.m.</u> , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. Gale M. A. Osborn M.D.</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>12/10-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>Richard Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Bran Maysville Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48



**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 John Brown

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Waynesville, Mo.

**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.