

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960 137

=60-026630

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4218 Registrar's No. 488

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINDSOR		Length of stay in 1b 71 years	c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 507 E. Jackson St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 507 E. Jackson St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle Harrison Last Collins			4. DATE OF DEATH Month July Day 18, Year 1960		
5. SEX Male	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 12-17-88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer in hatchery	10b. KIND OF BUSINESS OR INDUSTRY Chicken Hatchery	11. BIRTHPLACE (City and state or country) Windsor, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William M. Collins	13b. MOTHER'S MAIDEN NAME Mary Box	14. NAME OF HUSBAND OR WIFE Rosa LaFavor	

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. 702-10-8244	17. INFORMANT Curtis Collins	Address Stratford, Texas
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Coronary Artery Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) and Previous Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min 13 days
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"/> N <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 checked="" 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 **10-18-55** to **7-18-60** and last saw her/him alive on **July 18, 1960**
Death occurred at **12:10 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Claude M. Thurber M.D.	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 7/20/60
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE July 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery
23d. LOCATION (City, town, or county) Windsor, Missouri		(State) _____

24. FUNERAL DIRECTOR Ellis M. Huston,	ADDRESS Windsor, Missouri	25. DATE RECD. BY LOCAL REG. July 25, 1960	26. REGISTRAR'S SIGNATURE Melvin Bigum
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ellen H. Hester

Licensed Embalmer No. 3391

P. O. Address Windsor

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.