

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-027582

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 186

FILED AUG 16 1965

VS 300
Rev. 4/59

DATE AMENDED

0425
20425
3
4 2
5 1
6
7 0
8 2
9 230X
10
11
12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		Length of stay in 1b <u>60 years</u>	c. CITY OR TOWN <u>CLINTON</u>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Wetzel Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>312 EAST PINE</u>
3. NAME OF DECEASED (Type or print) <u>Jessie EVERETT COLLINS</u>			4. DATE OF DEATH Month <u>August</u> Day <u>6</u> Year <u>1965</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 11, 1892</u>
9. AGE (last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED GARDNER</u>	11. BIRTHPLACE (City and state or country) <u>WARSAW Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Collins</u>		14. NAME OF HUSBAND OR WIFE <u>MARY FRANCES COLLINS</u>	
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. <u>500-10-7226</u>	17. INFORMANT <u>MARY F. COLLINS 312 EAST PINE</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> DUE TO (b) <u>Retro peritoneal abscess</u> DUE TO (c) <u>Possible Rupture of Cecal Neoplasm</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 days</u> <u>7 days</u>
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 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 <u>7-29-65</u> to <u>8-6-65</u> and last saw ^{her} him alive on <u>8-6-65</u> Death occurred at <u>4:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. J. Powell MD</u> (Degree or title)		22b. ADDRESS <u>Clinton Mo</u>	22c. DATE SIGNED <u>8/9/65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 10, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>
24. FUNERAL DIRECTOR <u>Schaberg-Nichols</u>		23d. LOCATION (City, town, or county) <u>CLINTON, Missouri</u>	23e. DATE RECD. BY LOCAL REG. <u>Aug. 10, 1965</u>
24. ADDRESS <u>Clinton, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Begun</u>	

AUG 16 1985

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 _____

R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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