

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37714

State File No. ....

FILED DEC 11 1943

Registration District No. 3

Primary Registration District No. 3006-5-120

Registrar's No. 279

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution The Ellis Fischel State Cancer Hospital  
(d) Length of stay: In hospital or institution 2 days  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Frankford "Rural"  
(d) Street No. Route #1  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Iva Leah Collins

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Collins 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased June 14 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 5 3 hr. min.

9. Birthplace Ralls Missouri  
(City, township or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Benham

13. Birthplace Grant Wisconsin  
(City, township or county) (State or foreign country)

14. Maiden name Paulina Keithley

15. Birthplace Frankford Missouri  
(City, township or county) (State or foreign country)

16. (a) Informant Pl. (Iva Collins)

(b) Address Frankford, Missouri

17. (a) Burial (b) Date thereof Nov 19 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director R. Pollock

(b) Address Columbia Mo

19. (a) 11-19-43 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17  
year 1943 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 15, 1943, to November 17, 1943; that I last saw h.er... alive on November 17, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Breast with metastasis to lungs and lymph nodes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Ackerman (M. D. or other) M.D.

Address Cancer Hospital Columbia Mo Date signed 11/17/43

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

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No.....

*3183*

P. O. Address.....

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