

S. No. 2  
-1/47  
5-17-39

STANDARD CERTIFICATE OF DEATH

16157

National Office of Vital Statistics

State File No.

FILED JUN 1 1948

Registration District No.

Primary Registration District No. 3025

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Nevel

(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell

(c) City or town West Plains  
(If outside city or town limits, write "RURAL")

(d) Street No. 930 Woodland  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Chas. Edw. Collins

3. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24  
year 1948 hour 7 minute 55 A.M.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced M

7. (b) Name of husband or wife: Rosa Collins 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: Mar. 7 - 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 23 1948 to Jan 24 1948  
that I last saw him alive on Jan 23 1948  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

8. AGE: Years 61 Months 10 Days 17 . If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Cerebral Hemorrhage

9. Birthplace Osark Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

12. Name Bartholomew Collins

13. Birthplace Osark Co., Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Epp

15. Birthplace Osark Co., Mo.  
(City, town, or county) (State or foreign country)

Major findings: GBH

Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. E. E. Collins

(b) Address West Plains, Mo.

17. (a) (Burial, cremation, or removal) None (b) Date thereof 1-28-48  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Roberts

(b) Address West Plains, Mo.

19. (a) Mar. 11 - 1948 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature Robert [unclear] (M. D. or O.D.) \_\_\_\_\_  
West Plains, Mo. Date signed 4 Feb 48

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

MOTHER FATHER

R. R. Smith

RECEIVED  
District Health Officer No. 8  
District File Number 57341  
Date Filed 5-27-48

OCT 13 1958

OCT 14 1958

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 R. F. Drago, Registered Apprentice No. 431, working under my personal supervision.

Signed

Licensed Embalmer No. 3437

P. O. Address West Plains, 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.