FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12226

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5561 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Siloam Sprgs, Mo
c. LENGTH OF STAY (In this place) 90
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Howell 46
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Siloam Sprgs, 0
d. STREET ADDRESS (If rural, give location) R.F.D. 0

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) c. (Last) Collins.
4. DATE OF DEATH (Month) 4 (Day) 6 (Year) 49

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W - 2
8. DATE OF BIRTH 9-7-1853
9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months 6 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ozark Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Martin Jones
13b. MOTHER'S MAIDEN NAME Bertha Collins
14. NAME OF HUSBAND OR WIFE W. V. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Ben F. Collins - ADDRESS Siloam Sprgs

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver with Ascites -

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 16, 1947 *to* Apr 6, 1949, *that I last saw the deceased alive on* 20 Dec, 1948 *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Valerie Hunt M.D. (Degree or title)
23b. ADDRESS West Plains, Mo
23c. DATE SIGNED 11 Apr. '49

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 4-8-49
24c. NAME OF CEMETERY OR CREMATORY Collins
24d. LOCATION (City, town, or county) Siloam Sprgs, Mo (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE 387
25. FUNERAL DIRECTOR'S SIGNATURE Roberts Mx Funeral Home ADDRESS West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No 5,
District File Number 649309
Date Filed 5-6-49

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 ..... Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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