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FILED APR 18 1949

STANDARD CERTIFICATE OF DEATH

13032

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>515 W. Hood</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> b. (Middle) <u>Collins</u> c. (Last) <u>Post</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-31-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>January 28, 1864</u>
9. AGE (In years last birthday) <u>85</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>85</u> 10. UNDER 1 YEAR <u>2</u> 11. UNDER 1 HRS. <u>3</u>
11. BIRTHPLACE (State or foreign country) <u>Smyrna, Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hargadine</u>	
14. NAME OF HUSBAND OR WIFE <u>Marrion C. Post</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Richard, Chicago, Ill.</u> ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Yeast infection of lungs, Right Atrial Sclerosis -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Chronic Arterial Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Feb 25, 1949</u> , to <u>Mar 30, 1949</u> , that I last saw the deceased alive on <u>Mar 30, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy R. Haly</u> (Degree or title) <u>C. M. D.</u>		23b. ADDRESS <u>Brookfield, Mo</u>	
23c. DATE SIGNED <u>April 1, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) <u>Brookfield</u> (State) <u>Mo</u>		DATE REC'D BY LOCAL REG. <u>April 5, 1949</u>	
REGISTRAR'S SIGNATURE <u>H. B. Ewing</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bill Funeral Home</u> ADDRESS <u>Brookfield Mo</u>	

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*J. H. Blacklock*

Licensed Embalmer No. *2346*

P. O. Address *Brookfield 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.