

FILED MAY 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15403

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4171 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Mo., b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksdale Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Levi	a. (First)	b. (Middle)	c. (Last) Collins	4. DATE OF DEATH (Month) May (Day) 8 (Year) 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 15, 1875	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 23	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Levi Collins	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Raymond Ellis	ADDRESS Clarksdale Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation Heart		INTERVAL BETWEEN ONSET AND DEATH 43/43
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 176412, 1949 to 17a7 8, 19x9, that I last saw the deceased alive on 17a7 7, 19x9 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Isaac J. D.	(Degree or title)	23b. ADDRESS Osborn Lmo	23c. DATE SIGNED 17a7 10/x9
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-20-49	24c. NAME OF CEMETERY OR CREMATORY Silvers	24d. LOCATION (City, town, or county) Clarksdale (State) Mo.
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DATE REC'D BY LOCAL REG. 5-12-49	REGISTRAR'S SIGNATURE Roscoe Davidson	82	25. FUNERAL DIRECTOR'S SIGNATURE John Bryan Mayhew	ADDRESS Clarksdale Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

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working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

John Brown

Licensed Embalmer No. *3933*

P. O. Address *Wayside*

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.