

FILED JUL 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24415

State File No.

88
W 66

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

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNKNOWN</u>		e. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harrison</u>		b. (Middle) <u>F.</u>	
c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 27, 1863</u>
9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Delaware, Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (State or foreign country) <u>Delaware, Maryland</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Nellie Collins</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.F. Collins</u> ADDRESS <u>Moberly Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senility.</u>	
DUE TO (c) _____		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 <u>None.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>July 1, 1949</u> , to <u>July 8, 1949</u> , that I last saw the deceased alive on <u>July 8, 1949</u> , and that death occurred at <u>2:05P m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Define or title) <u>Dr. R.E. Huber, M.D.</u>		23b. ADDRESS <u>400 1/2 W. Reed St. Moberly, Mo.</u>	
23c. DATE SIGNED <u>7/12/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u> ADDRESS <u>Macon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-10-49</u>		REGISTRAR'S SIGNATURE <u>Leah Bell</u>	

JUL 18 1919
RECEIVED
District Health Officer
District File Number 7-49
Date Filed JUL 18 1919

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 Albert Krissner

Licensed Embalmer No. 731

P. O. Address Wash 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.