

FILED SEP 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26778

BIRTH NO. 41436-49 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence (if more than one)) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi Mo</u>	
c. LENGTH OF STAY at this place <u>6 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains Hosp</u>			

3. NAME OF DECEASED a. (First) <u>Waymon</u> b. (Middle) <u>Collins</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Never Married</u>	8. DATE OF BIRTH <u>6-29-49</u>
9. AGE (In years last birthday)		10. MONTHS	11. DAYS
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) <u>West Plains Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>E. L. Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Becky Douglas</u>	14. NAME OF HUSBAND OR WIFE <u>E. L. Collins, Potosi Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>379</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. L. Collins, Potosi Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma; etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>776X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 19, 1949 to June 19, 1949, that I last saw the deceased alive on June 19, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robertson, West Plains Mo</u>	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>July 9, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Potosi Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u>	25. ADDRESS <u>West Plains Mo</u>
DATE REC'D BY LOCAL REG. <u>8-29-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

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

9 JUL 1949

RECEIVED 9/6/49
District Health Officer No. 5,
District File Number 949590
Date Filed 9/6/49

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.