

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12786

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>240 Dilsam Springs Rt.</i>	
c. LENGTH OF STAY (in this place) <i>Rural</i>		d. STREET ADDRESS (If rural, give location) <i>RFD</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Highway 63</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Roger</i> b. (Middle) <i>G. Collins</i> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <i>3-18-50</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>1-8-1950</i>
9. AGE (In years last birthday) <i>21 10</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>	11. BIRTHPLACE (State or foreign country) <i>Dilsam Springs Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Walter Collins</i>	
13b. MOTHER'S MARDEN NAME <i>Effie Collins</i>		14. NAME OF HUSBAND OR WIFE <i>✓</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>✓</i>		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Walter Collins, Dilsam Springs</i>		ADDRESS <i>Dilsam Springs</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Marasmus & Malnutrition</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>7730</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <i>3:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Robert A. ...</i>		23b. ADDRESS <i>Howell Co West Plains, Mo</i>	23c. DATE SIGNED <i>3/3/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>3-19-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Dilsam Springs</i>	24d. LOCATION (City, town, or county) (State) <i>Silsam Springs Mo</i>
DATE REC'D BY LOCAL REG. <i>4-24-50</i>	REGISTRAR'S SIGNATURE <i>Beatrice Cooke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert ...</i>	ADDRESS <i>West Plains Mo</i>

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

Ball point

0460

RECEIVED

District Health Officer No. 5,

District File Number

550 260

Date Filed

5-2-50

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

Robert L. Frago

Licensed Embalmer No.

4547

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.