

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36288**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 446

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>	
c. LENGTH OF STAY (in this place) <b>2 Wks</b>		d. STREET ADDRESS (If rural, give location) <b>Rt # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Manuel</b> b. (Middle) <b>Lee</b> c. (Last) <b>Collins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16, 1950</b>	
5. SEX <b>Male: 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Aug. 28, 1871</b>
9. AGE (In years) <b>79</b>		IF UNDER 1 YEAR Months	IF UNDER 1 MTH. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Clay Co. Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Wm Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Young</b>	14. NAME OF HUSBAND OR WIFE <b>May Collins Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Hayes</b> ADDRESS <b>Poplar Bluff, Rt 3</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic Myocarditis</b> 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"/>			
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>Oct 31</u> , 19 <u>50</u> , to <u>Nov 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>50</u> , and that death occurred at <u>9:50P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank E. Dunell</b> (Degree or title) <b>MD-D</b>		23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>11-20-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Rt. 3</b>
DATE REC'D BY LOCAL REG. <b>Nov. 21-1950</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser. Dexter, Mo.</b> ADDRESS _____	

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

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RECEIVED

NOV 29 1950  
BUTLER CO. HEALTH CENTER

FILE No.

150-~~769~~ 482

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Raymond L. Ruffie*

Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Dexter

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.