

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38081

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 400			
1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MOBERLY b. COUNTY RANDOLPH					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. LENGTH OF STAY (in this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) 0883		d. STREET ADDRESS (If rural, give location) 110 - S Morton St.			
3. NAME OF DECEASED (Type or Print) MINNIE				a. (First) MINNIE		b. (Middle) COLLINS			
4. DATE OF DEATH NOV 29 1950		c. (Last) COLLINS		4. DATE OF DEATH (Month) (Day) (Year) NOV 29 1950					
5. SEX Female		6. COLOR OR RACE Brown		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APR. 18 - 1849			
9. AGE (In years last birthday) 51 yrs.		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) 9			
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME DAVE PITMAN		13b. MOTHER'S MAIDEN NAME MARY JANE SIMPSON		14. NAME OF HUSBAND OR WIFE ACE COLLINS.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Scott		ADDRESS St. Louis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 72 hours.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction				DUE TO (b) Far advanced tumor of abdomen undiagnosed				Several Year	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				due to (c) Cardiac decompensation				Several year	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								299X	
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) (Min)		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 May 31, 1950 , to Nov. 29, 1950 , that I last saw the deceased alive on Nov. 29, 1950 , and that death occurred at 3:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE W. D. Chute M.D.				23b. ADDRESS 208 1/2 N. 4th St., Moberly, Mo.		23c. DATE SIGNED 12/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE DEC. 2 50		24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo.			
DATE REC'D BY LOCAL REG. Dec 2 50		REGISTRAR'S SIGNATURE Seal William Power		25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Carr		ADDRESS 305 Badgford			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 11 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-2
Date Filed: DEC 11 1950

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. Carr

Licensed Embalmer No. 3190

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.