

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Silvan Springs</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steel Surgical Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant son of Mrs. Chas. Collins</u> b. (Middle) <u>Mrs.</u> c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-19-50</u>		
5. SEX <u>mo</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>11-18-50</u>		9. AGE (In years last birthday)		10. UNDER 1 YEAR (Months) (Days) <u>4 30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, season if retired) <u>Infant</u>		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>Chas. Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Collins</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Collins Silvan Springs</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>No definite cause except respiratory difficulty of unknown etiology</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>difficulty of</u> DUE TO (c) <u>unknown etiology</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7730</u>
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 11-19, 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>11/20</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Silvan Springs</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson, West Plains Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-20-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> 379			

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

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECORDED DEC 27 1950

Dist. File 1250-2573

Date Filed 12-27-50

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**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.....

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.