

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30100
Registrar's No. 22

DECEASED OCT 9 1951

REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5545

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Chariton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Chariton Twp. 0450	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) R. R. #2 Glasgow	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #2 Glasgow			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Lewis c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1951		
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 8, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Nelson Co. Virginia /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Addison Collins	13b. MOTHER'S MAIDEN NAME Margaret Ellen Shields	14. NAME OF HUSBAND OR WIFE Ella Rebecca Pulliam
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Henry Collins	ADDRESS Glasgow, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Wrenia</u>		<u>10 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Chronic nephritis</u> DUE TO (c) <u>Cardiovascular disease</u>		<u>6 yrs.</u> <u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5927</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1846, to Sept 23, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 10:00 Am, from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Shaw M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>9-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 1, 1951</u>	REGISTRAR'S SIGNATURE <u>Walker Andoley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-8-51 _____

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 A. Carr

Signed _____
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette Mo

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.