

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36159

State File No.

165

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>	c. LENGTH OF STAY (In this place) <u>20 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA</u>	<u>1983</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>501 NORTH PREWITT STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>MALARA</u> c. (Last) <u>COLLINS</u>			4. DATE OF DEATH <u>OCT.</u> (Month) (Day) (Year) <u>3rd. 1951</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 19, 1883</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 1 YEAR Hours <u>16</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>GEORGE WATSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH FLAGOR</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE W. COLLINS</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George W. Collins</u>			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary occlusion</u>					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
	DUE TO (c)					
	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 <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.			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 8-5, 1951, to 10-3, 1951, that I last saw the deceased alive on 10-3, 1951, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. K. Martin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>10-9-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 8, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri.</u>		
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DATE REC'D BY LOCAL REG. <u>10-10-1951</u>	REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen T. Hays</u>	ADDRESS <u>Nevada, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF THE
District No. 5 - Springfield

RECEIVED

OCT 15 1951

Dist. File

1021-1815

Date Filed

10-17-51

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.....
Student Embalmer

Signed *Allen S. Hoys*

Licensed Embalmer No. *7968*

P. O. Address *Nevada, ?*

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.