

No. 300  
10.48

APR 10 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **7499**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Ark</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Knobel rural Wilson</b>		8030
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Doctor's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Rt #1 Knobel, Ark.</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVE</b> b. (Middle) <b>MARION</b> c. (Last) <b>COLLINS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 19 1952</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 12, 1886</b>		9. AGE (In years last birthday) <b>65</b> if UNDER 1 YEAR Days if UNDER 6 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Linnie Collins</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ara Collins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ara Collins Rt #1, Knobel, Ark.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Tubercular peritonitis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b> <b>14 da</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>011X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-15-1952 to 3-19-1952, that I last saw the deceased alive on 3-17-1952, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>3/25/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar 21/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bond</b>		24d. LOCATION (City, town, or county) (State) <b>Knobel Ark.</b>

DATE REC'D BY LOCAL REG. <b>3-28-52</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard A. Bessert Corning, Ark</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 7 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 452-188

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. 782

P. O. Address Corning, Ark.

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.