

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12321**

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **4106** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spg.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Spg 12	
c. LENGTH OF STAY (in this place) 76		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) EMILY b. (Middle) J c. (Last) COLLINS			4. DATE OF DEATH (Month) (Day) (Year) 3-15-1952		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	
8. DATE OF BIRTH 7-16-1873		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR: Months 7 Days 29	
11. BIRTHPLACE (State or foreign country) Cham Hill, Ark. Mo		12. CITIZEN OF WHAT COUNTRY?			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife			

13a. FATHER'S NAME HENRY-ARNOLD		13b. MOTHER'S MAIDEN NAME Sarah Mc Fall		14. NAME OF HUSBAND OR WIFE H. H. Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Buster Collins ADDRESS Jerico Spg Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		II. OTHER SIGNIFICANT CONDITIONS		1 1/2 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H201		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) (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 **3-14**, 1952, to **3-15**, 1952, that I last saw the deceased alive on **3-15**, 1952, and that death occurred at **3:32 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE D. B. Barnister, MD (Degree or title)		23b. ADDRESS Jerico Spg Mo		23c. DATE SIGNED 3-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1952		24c. NAME OF CEMETERY OR CREMATORY Brookl Cemetery	
24d. LOCATION (City, town, or county) (State) 2 M. N. W. Jerico Spg. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. R. Long		ADDRESS Jerico Spg. Mo.	
DATE REC'D BY LOCAL REG. 3/19/52		REGISTRAR'S SIGNATURE Mrs. Velma Ellis			

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

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. 3714

P. O. Address Series 200 720

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.