

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35645**

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

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

3. NAME OF DECEASED (Type or Print) Ruby Margaret Collins			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1952		
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	4. DATE OF DEATH (Day)	4. DATE OF DEATH (Year)
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 13, 1899	9. AGE (In years last birthday) 53	9. AGE (In years) Months 2 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Nicol	13b. MOTHER'S MAIDEN NAME Charlotte Songer	14. NAME OF HUSBAND OR WIFE Vearyl D. Collins
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 ADDRESS Vearyl D. Collins, La Plata, 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) carcinoma of stomach	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		1 yr.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 151X		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)	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 Oct. 8, 1952 to Oct. 15, 1952, that I last saw the deceased alive on Oct. 15, 1952, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) Harold S. Clark M.D.	23b. ADDRESS La Plata Mo.	23c. DATE SIGNED 10/15/52
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24a. BURIAL, CREMATION; REMOVAL (Specify) Burial	24b. DATE Oct 17, 1952	24c. NAME OF CEMETERY OR CREMATORY LaBelle Cemetery	24d. LOCATION (City, town, or county) (State) Le Belle, Mo.
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DATE REC'D BY LOCAL REG. Oct 18 1952	REGISTRAR'S SIGNATURE Mrs O J Giffie	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cheney W. Wilson La Plata, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0610



APR 30 1961

RECEIVED 10-22-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 10,521,56
Date Filed 10-25-52

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.

Signed Herbert M. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.