

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

603 State File No. **25987**  
Registrar's No. **389**

**FILED AUG 7 - 1953**

BIRTH NO. _____		REG. DIST. NO. <b>301</b>	PRIMARY REG. DIST. NO. <b>5987</b>	Registrar's No. <b>389</b>
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Ripley</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jordan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Jordan</b>		
c. LENGTH OF STAY (In this place) <b>35 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Doniphan Rt. #2</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doniphan Rt. #2</b>		e. STREET ADDRESS (If rural, give location) <b>Doniphan Rt. #2</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>M. Collins</b> c. (Last) _____			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 2, 1953</b>	
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>July 15, 1918</b>	<b>9. AGE</b> (In years last birthday) <b>49</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>at home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Harper, Kansas</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>				
<b>13a. FATHER'S NAME</b> <b>Daniel C. Renollet</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Charlotte Hinkle</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Jeff H. Collins</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Jeff H. Collins</b>	
		<b>ADDRESS</b> <b>Doniphan, Mo.</b>		
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>		
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic nephritis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>6 mo</b>
		<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
		<b>DUE TO (b)</b> _____		
		<b>DUE TO (c)</b> <b>Uremic coma</b>		<b>8 hrs</b>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>592X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from <u>7-27-1953</u> to <u>8-1-1953</u> that I last saw the deceased alive on <u>8-1-1953</u> and that death occurred at <u>7 a. m.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> (Degree or title) <b>J. Edw. Adamson M.D.</b>		<b>23b. ADDRESS</b> <b>Doniphan, Mo.</b>		<b>23c. DATE SIGNED</b> <b>8-2-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/3/1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellview Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Ripley County, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>8-4-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>G. D. Johnston</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Black-Edwards</b>	<b>ADDRESS</b> <b>Doniphan, Mo.</b>	

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

P. 300  
P. 48  
170

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. 4809

P. O. Address Blouphan, T

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.