

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

784

State File No. ....

**FILED FEB 5 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 3917 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath mo</u>	c. LENGTH OF STAY (in this place) <u>4-MO.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath Clay Co</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>		d. STREET ADDRESS (If rural, give location) <u>Rt - 1 - 0230</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VERNA</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>COLLINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-1954</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>WIDOWED</u>	8. DATE OF BIRTH <u>9/11-1953</u>	9. AGE (In years last birthday) Months Days <u>4 16</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ray Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Annala Cowell</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>491 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 Sept 11, 1954 to Jan 27, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bertha Kinoshing</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Senath, Mo.</u>	23c. DATE SIGNED <u>Jan 27 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/28/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tharnerville Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/1/54</u>	REGISTRAR'S SIGNATURE <u>Bertha Kinoshing</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Paul Hamel</u> ADDRESS <u>Garrettsville, Ohio</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
350

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 2-4-54  
COUNTY FILE NUMBER 254-34

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.