

No. 300
10-48
350

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8189

BIRTH NO. FILED MAR 24 1954 REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 5420 Registrar's No. 4

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

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) None c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) 2 11 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-10-1904		9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Willow Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME Solomon Collins		13b. MOTHER'S MAIDEN NAME Trella Lumley		14. NAME OF HUSBAND OR WIFE McKinley Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME McKinley Lumley ADDRESS Holcomb, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Cancer of Stomach		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS			
*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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Quinty Tandy (Degree or title)		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 3/8/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-1954		24c. NAME OF CEMETERY, OR CREMATORY Carrol Cemetery		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.	
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DATE REC'D BY LOCAL REG. 3/18/54		REGISTRAR'S SIGNATURE J. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell ADDRESS Piggott, Ark	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-23-34

COUNTY FILE NUMBER 354 - 75

MAR 24 1934

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 me

working under my personal supervision.

Student Embalmer No.

Signed Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509 - Ark.

P. O. Address Piggott, 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.