

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18157

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give township) Fulton

c. CITY OR TOWN Fulton

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital

e. STREET ADDRESS (If rural, give location) 711 Jefferson St., 0143

3. NAME OF DECEASED (Type or Print)
a. (First) Eulalia b. (Middle) Olin c. (Last) Collett

4. DATE OF DEATH (Month) (Day) (Year)
July 4 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Mar. 27. 1875

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 3 Days 7 IF UNDER 1 HR. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY Grade School Tc.

11. BIRTHPLACE (City and State or Foreign Country) Santa Fe, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME C. W. Collett

13b. MOTHER'S MAIDEN NAME Addie C. Maupin

14. NAME OF HUSBAND OR WIFE None

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
Charles C. Collett Fulton, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Lungs
& other abd. tumor
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.
1561

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION June 15 1954

19b. MAJOR FINDINGS OF OPERATION Generalized malignant metastasis

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1954 to July 4, 1954 that I last saw the deceased alive on July 4, 1954 and that death occurred at 10:55 p.m. from the causes and on the date stated above.

23a. SIGNATURE [Signature]

(Degree or title) 23b. ADDRESS Fulton Mo

23c. DATE SIGNED July 6 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 6, 1954

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.

24d. LOCATION (City, town, or county) (State) Fulton Mo

DATE REC'D BY LOCAL REG. July 6-1954

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton Mo

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

DEC 9 1 1954

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.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Tulton,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.