

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18756**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3554 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POTTERSVILLE		c. LENGTH OF STAY (in this place) 10 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN POTTERSVILLE	
e. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location) R F D	
3. NAME OF DECEASED (Type or Print) DOROTHY WILMA COLLINS			4. DATE OF DEATH (Month) (Day) (Year) 5-4-54
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-2-1920
9. AGE (In years last birthday) 34		10. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) ROCKVILLE, MO	
13a. FATHER'S NAME WM. DOUGLAS		13b. MOTHER'S MAIDEN NAME MARIE JACOBS	
13c. NAME OF HUSBAND OR WIFE E. L. COLLINS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. YES	
17. INFORMANT'S SIGNATURE OR NAME E. L. COLLINS, POTTERSVILLE, MO		18. ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following obs. Delivery on 11 Apr 54 - DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 684X	
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) (Min.)		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 28 Apr , 19 54 , to 4 May , 19 54 , that I last saw the deceased alive on 28 Apr , 19 54 , and that death occurred at 2:30 PM from the causes and on the date stated above.	
23. SIGNATURE <i>[Signature]</i>		23b. ADDRESS West Plains, Mo.	
23c. DATE MAY 11 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) B	
24b. DATE 5-7-54		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	
24d. LOCATION (City, town, or county) (State) POMONA, MO		25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO	
DATE REC'D BY LOCAL REG. 7-2-54		REGISTRAR'S SIGNATURE <i>[Signature]</i> 379-1	

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

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

D. A. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Haven*

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.