S. No. 300
v. 10.48

FILED AUG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22585

State File No. .....

BIRTH NO. ____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 108

0352

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett Mo
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1606 Russell St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kennett
d. STREET ADDRESS (If rural, give location) 1606 Russell St

0352

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) EMMA c. (Last) COLLIER

4. DATE OF DEATH (Month) (Day) (Year) 8-7-1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 15-1883
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henery Halcomb
13b. MOTHER'S MAIDEN NAME Mrs Julie Hill
14. NAME OF HUSBAND OR WIFE J. P. Collier

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 Rufe Collier P.O. Box 531 ADDRESS Pontiac 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH 6 mo.

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 4341
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) m.
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* July 20 19 54 *to* Aug 7, 19 54 *that I last saw the deceased alive on* Aug-7, 19 54 *and that death occurred at* 10-P *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul Baldwin (Degree or title) MD
23b. ADDRESS 115 St Frances S. Kennett Mo
23c. DATE SIGNED 8-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 9 1954
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge
24d. LOCATION (City, town, or county) (State) Kennett Mo

DATE REC'D BY LOCAL REG. 8-10-1954
REGISTRAR'S SIGNATURE Carl Husband Jr
25. FUNERAL DIRECTOR'S SIGNATURE Emerson & Son ADDRESS Jonesboro Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-11-54

COUNTY FILE NUMBER 814-223

AUG 23 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 .....
Student Embalmer

Signed W. V. Emerson

Licensed Embalmer No. 252

P. O. Address Jonesboro 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.