

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32426**

FILED OCT. 24 1955

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **4068** Registrar's No. **277**

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) OR TOWN Mokane		c. CITY OR TOWN Mokane	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 25 yrs		e. STREET ADDRESS (If rural, give location) 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence.			

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ann c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 16, 1875	9. AGE (In years last birthday) 80	# UNDER 1 YEAR Months Days	# UNDER 10 HOURS	# UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during part of year, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William R. Hadley		13b. MOTHER'S MAIDEN NAME Amanda Kerns		14. NAME OF HUSBAND OR WIFE Henry 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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helena Tolle ADDRESS Mokane 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) Acute Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH Inst. ?	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Chronic Myocarditis				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) 4222				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 6:19 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE Henry A. Stewart (Degree or title) Coroner		23b. ADDRESS Fulton Callaway County Mo.		23c. DATE SIGNED Oct. 20/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 21/55		24c. NAME OF CEMETERY OR CREMATORY Mokane	
24d. LOCATION (City, town, or county) (State) Mokane Missouri					

DATE REC'D BY LOCAL REG. Oct. 22-1955		REGISTRAR'S SIGNATURE Martha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home Fulton Mo ADDRESS	
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(Licensed Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. J. Rossor*

Licensed Embalmer No. *256*

P. O. Address *Fullerton*

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.