

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

493

State File No.

No. 900
10-48

FILED JAN 10 1956

BIRTH NO. 8021555 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 1

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Callaway</u>	a. STATE <u>Missouri</u>		b. COUNTY <u>Callaway</u>
b. CITY OR TOWN <u>Rural Auxvasse Twp</u>	c. CITY OR TOWN <u>Readsville</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>1 Month</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Leana</u>	b. (Middle) <u>Fay</u>	c. (Last) <u>Collums</u>	(Month) <u>Jan</u>	(Day) <u>1</u>	(Year) <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Infant</u> (Specify)	8. DATE OF BIRTH <u>Oct, 19, 1955</u>		9. AGE (In years last birthday) <u>2</u> <u>12</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near Gumbo, Missouri</u>	
13a. FATHER'S NAME <u>S.E.L. Collums</u>			13b. MOTHER'S MAIDEN NAME <u>Addie Lou Reeves</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S.E.L. Collums</u>	
				ADDRESS <u>Readsville, Mo R#1</u>	
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) <u>Cause unknown -</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Child had slight cold and was found dead in bed - I saw child for first time after it was dead.</u>					
DUE TO (c) <u>child for first time after it was dead.</u>					
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		<u>7955</u>			
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 <u>8:00</u> ¹⁹ <u>Am.</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00</u> ¹⁹ <u>Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Tom Brewer MD</u>		23b. ADDRESS <u>607 Court Fulton, Mo.</u>		23c. DATE SIGNED <u>1/3/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<u>Burial</u>		<u>Jan-2-1956</u>		<u>Bethel Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Readsville</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 3-1956</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thalacew Funeral Home, Fulton, Mo.</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 Hector R. Masure....., Student Embalmer No. 512 working under my personal supervision..

Student H. R. Masure.....
Signature of Student Embalmer

Signed Denzil C. Browning.....

Licensed Embalmer No. 272

P. O. Address Fulton

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.