No. 300
10.48

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

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4256

BIRTH NO. --- REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salem
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas
c. CITY OR TOWN: Licking
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1010 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Thomas
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27. 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 19, 1883
9. AGE (In years last birthday): 62 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dent Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Tom Collins
13b. MOTHER'S MAIDEN NAME: Laura Sharp
14. NAME OF HUSBAND OR WIFE: Artie Robertson 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.: 489-24-8406
17. INFORMANT'S SIGNATURE OR NAME: Artie Collins — **ADDRESS**: Licking 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): Malignant Melanoma (Generalized) — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

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: 190X
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* 5-3-54, 19___, *to* 2-27-56, 19___, *that I last saw the deceased alive on* 2-27-56, 19___, *and that death occurred at* 3.55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy E Mitchell M.D. — **Degree or Title**:
23b. ADDRESS: Salem, Mo.
23c. DATE SIGNED: 2-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 29, 1956
24c. NAME OF CEMETERY OR CREMATORY: Licking Cemetery
24d. LOCATION (City, town, or county) (State): Licking Mo

DATE REC'D BY LOCAL REG.: 2/28/56
REGISTRAR'S SIGNATURE: Roy E Mitchell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: E E Ferguson — **ADDRESS**: Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1956
JUN 4 1963
MAY 25 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eubert E. Ferguson

Licensed Embalmer No. 394

P. O. Address Pickens

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.