

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7792

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SULLIVAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. LENGTH OF STAY (In this place) 24 hrs +	c. CITY OR TOWN REGER
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 10500	

3. NAME OF DECEASED (Type or Print)	a. (First) CLEO	b. (Middle) HAROLD	c. (Last) COLLINS	4. DATE OF DEATH (Month) (Day) (Year) 3 5 1956
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5. SEX MALE	6. COLOR OR RACE W	<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH 6-22-06	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 8 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY STAMPER POUNTRY Co	11. BIRTHPLACE (City and State or Foreign Country) SULLIVAN Co. MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES H. COLLINS	13b. MOTHER'S MAIDEN NAME LOUISA FORD	14. NAME OF HUSBAND OR WIFE Kathryn COLLINS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) 707-09-7926	17. INFORMANT'S SIGNATURE OR NAME DONNA LENZ	ADDRESS CHILLICOTHE
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute lymphatic leukemia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	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. none		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 2040	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-4**, 19**56**, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph E Prior D.O.	(Degree or title)	23b. ADDRESS 2176 Second St, Milan	23c. DATE SIGNED 3/5/56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-7-56	24c. NAME OF CEMETERY OR CREMATORY Henry Cem	24d. LOCATION (City, town, or county) (State) Reger Mo
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DATE REC'D BY LOCAL REG. 3-9-56	REGISTRAR'S SIGNATURE Mrs. M.W. Beckett	525-0	25. FUNERAL DIRECTOR'S SIGNATURE Schoenes	ADDRESS Milan-MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050

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..... *Dwight Schoene*
Licensed Embalmer No. *266*
P. O. Address..... *Mulan*

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.