

STANDARD CERTIFICATE OF DEATH

State File No. **21380**

FILED JUN 20 1956

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 111

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

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u> b. CITY OR TOWN <u>Hayti</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demiseot County Memorial Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u> c. CITY OR TOWN <u>Hayti</u> 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) _____			
3. NAME OF DECEASED (Type or Print) <u>Doss</u> (First) _____ (Middle) <u>C</u> (Last) <u>Collins</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>4</u> (Year) <u>1956</u>		d. 18 / 0			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Aug 15 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR <u>9</u> Months <u>19</u> Days	IF UNDER 4 Hrs. _____ Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Desatour County Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wright Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Sirelda</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Collins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>491-14-3577 A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Collins Hayti, Mo.</u>		ADDRESS _____	
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>Ruptured Esophageal varice</u> ANTECEDENT CAUSES <u>Cirrhosis of Liver</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</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 <u>5810</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>5-11</u>, 19<u>56</u>, to <u>6-4</u>, 19<u>56</u>, that I last saw the deceased alive on <u>6-4</u>, 19<u>56</u>, and that death occurred at <u>9:20 A.M.</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.D. Kaiser</u>				23b. ADDRESS <u>M.D. Hayti, Mo</u>		23c. DATE SIGNED <u>6-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-9-56</u>		REGISTRAR'S SIGNATURE <u>John H. German</u>		TUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>		ADDRESS <u>Hayti, Mo</u>	

406

6-157-86

JUN 19 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *425*

P. O. Address *Hayti, Mo.*

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.