

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1956

STATE FILE NO. **34744**  
Registration District No. **200** Primary Registration District No. **5735** Registrar's No. **203**

Health, Welfare, Public Service  
000-56  
001  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. IT  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TOWNSHIP</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>FARM HOME</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FARM HOME - EAST OF ATLANTA MO</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Coates William Collins</b> First Middle Last			4. DATE OF DEATH <b>10-27-1956</b> Month Day Year
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-24-1899</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	
11. BIRTHPLACE (City and state or country) <b>MACON County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Americus William Collins</b>		14. MOTHER'S MAIDEN NAME <b>IDA Sides</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>CORINNE COLLINS - ATLANTA, MO.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Coronary Thrombosis</b> DUE TO (b) <b>Chronic Pyelo-nephritis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>6000</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>Oct 8, 1956</b> to <b>Oct 27, 1956</b> and last saw him alive on <b>Oct 25, 1956</b> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Delphew Gilles DO 2</b>		22b. ADDRESS <b>La Plata Mo</b>	
22c. DATE SIGNED <b>10-30-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-29-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. TABOR</b>	23d. LOCATION (City, town, or county) (State) <b>MACON County - Mo.</b>
24. FUNERAL DIRECTOR <b>Theo Gooding - ATLANTA, Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>11-5-56</b>	26. REGISTRAR'S SIGNATURE <b>Keith McNeely</b>

(Licensed Embalmer's Statement on Reverse Side)

Date Filed ..... 11. 14. 56

SEP 5

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~~ Theo. H. Goodding....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Theo. H. Goodding

Licensed Embalmer No..... 3

P. O. Address Atlanta, Ga.

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