

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36809

FILED OCT 16 1956

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 98

1. PLACE OF DEATH, <u>State Hosp. 1003</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Vernon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jessie</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Houston</u> 1070 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ward State Hosp. 5-7-9</u>		d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u></u> Last <u>Collins</u>			4. DATE OF DEATH Month <u>10</u> Day <u>10</u> Year <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-5-1870</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Oliver Alaman</u>	
14. MOTHER'S MAIDEN NAME <u>Carinda Buntin</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Ann Fayer</u> Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Vessel Disease</u> DUE TO (c) <u>Atherosclerotic Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Seril Demented</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>Fell on floor in Day Ward 2 E.B.</u>		20c. TIME OF INJURY Hour <u>8:30</u> a. m. <u></u> Month, Day, Year <u>9-4-56</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.) <u>State Hospital #3</u>	
20f. CITY, TOWN, OR LOCATION <u>Nevada</u>		COUNTY <u>Vernon</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-25-55</u> to <u>Oct 10-56</u> and last saw <u>her</u> alive on <u>10-10-56</u> . Death occurred at <u>9-PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. D. Perryman</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Nevada, Mo</u>	
22c. DATE SIGNED <u>10-10-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Missouri State Anatomical Board</u>	
23d. LOCATION (City, town, or county) <u>St. Louis</u>		(State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>10-13-1956</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Furg</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Any other, self, public service, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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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 *L. Douglas Ferry*.....

Licensed Embalmer No. *49*.....

P. O. Address *Nevada*.....

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.