

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16404

State File No. ....

FILED JUN 10 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>CHAFFEE</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>607 SOUTH MAIN ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>VIRGIL</u> b. (Middle) <u>EMMETT</u> c. (Last) <u>COLLINS SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1957</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO Rwy. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MAYSVILLE, ARKANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>DAVID ARTHUR COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY E. GRAHAM</u>		13c. NAME OF HUSBAND OR WIFE <u>CORA ANGELELYNN COLLINS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>6-23-1913-5-23-1917</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CORA ANGELELYNN COLLINS - CHAFFEE, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>	
ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute Viral Encephalitis</u>		<u>25 days.</u>	
		DUE TO (c) <u>Azotemia, Pre renal</u>		<u>25 days.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>concussion injury, old, of skull + cervical spine</u>		<u>Approx. 4 yrs?</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from 5-4, 1957, to 5-31, 1957, that I last saw the deceased alive on 5-31, 1957, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Nehmeyer, D.O.</u>		23b. ADDRESS <u>Chaffee, Missouri</u>		23c. DATE SIGNED <u>6-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY (YEAR) <u>FORREST HILLS CEMETERY (YEAR) MORBEY (SCOTT) MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-3-57</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BISBINGHOFF FUNERAL HOME - CHAFFEE, MO.</u>	

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

44-0

APR 9 1957

JUN 13 1957

JUN 14 1957

JUL 3 1957  
JUN 21 1957

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 *Jack J. Burnett*

Licensed Embalmer No. *4472*

P. O. Address *Chaffee, M*

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.