

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16878**

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give town) WEST PLAINS		c. LENGTH OF STAY (In this place) hrs. <u>9</u>	c. CITY OR TOWN SILOAM SPRINGS, MO
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTA HOGAN HOSP.,		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) R F D	

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE MAY b. (Middle) COLLINS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 1st, 1957		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1-16-1914	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR: Months 6 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Howell County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME ECK COLLINS		13b. MOTHER'S MAIDEN NAME EASTER COLLINS		14. NAME OF HUSBAND OR WIFE WILLIE COLLINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME WILLIE COLLINS, WELOAM SPRGS, MISSOURI	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Eclampsia		ANTECEDENT CAUSES		DUE TO (b) FETUS, DEAD, INTRAUTERINE 4 DAYS	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) PREGNANCY - UTERINE - GRAVIDA XVI PRV			
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		20. AUTOPSY? 0 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) (Minute)		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 11-17, 1956, to MAY 1, 1957, that I last saw the deceased alive on MAY 1, 1957, and that death occurred at 10:40 MP, from the causes and on the date stated above.

23a. SIGNATURE Jack N. Wilcox, MD (Degree or title)		23b. ADDRESS West Plains, Mo		23c. DATE SIGNED 5-4-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 5-4-57		24c. NAME OF CEMETERY OR CREMATORY SILOAM SPRINGS	
24d. LOCATION (City, town, or county) (State) SILOAM SPRINGS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO.			
DATE REC'D BY LOCAL REG. 5-14-57		REGISTRAR'S SIGNATURE Beatrice Cook		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

377

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 *J. S. Roberts*.....

Licensed Embalmer No. *353*.....

P. O. Address *West Hill*.....

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.