

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16891

STATE FILE NUMBER

FILED MAY 27 1957

27828-57

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN WEST PLAINS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X X			Length of stay in 1b X	d. STREET ADDRESS SILOAM SPRINGS, RTE.,			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CALVIN GORDON COLLINS				4. DATE OF DEATH 5-19-57				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5-14-57		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) WEST PLAINS, MO		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME HARLIN COLLINS			13b. MOTHER'S MAIDEN NAME ELMA CLINTON			14. NAME OF HUSBAND OR WIFE X X		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. NO		17. INFORMANT Address HARLIN COLLINS, WEST PLAINS, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) undetermined						INTERVAL BETWEEN ONSET AND DEATH Sudden		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7955						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 5-14-57 , to 5-18-57 and last saw her alive on 5-18-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D				22b. ADDRESS West Plains			22c. DATE SIGNED 5/23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 5-20-57	23c. NAME OF CEMETERY OR CREMATORY COLLINS		23d. LOCATION (City, town, or county) WEST PLAINS, MO (State)			
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO ADDRESS				25. DATE RECD. BY LOCAL REG. 5-24-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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. R. Roberts*

Licensed Embalmer No. *3432*
P. O. Address *West Hill Ave*

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.