

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32749**

BIRTH NO. _____		REG. DIST. NO. 341		PRIMARY REG. DIST. NO. 5829		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY NEW MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE OHIO b. COUNTY RICHLAND			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (PORTAGE)		c. LENGTH OF STAY (in this place) 6		c. CITY OR TOWN MANSFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 208 1/2 S. Diamond 83408			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph Lee			b. (Middle) Collins			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 6, 1924		9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months 3 Days 27		IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Promotion		10b. KIND OF BUSINESS OR INDUSTRY Sales Service		11. BIRTHPLACE (City and State or Foreign Country) Tomato, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charley Collins		13b. MOTHER'S MAIDEN NAME Ami R. Brizer		14. NAME OF HUSBAND OR WIFE Janice A Smalley Collins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes		16. SOCIAL SECURITY NO. 412-42-7699		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Janice Smalley Collins Mansfield, Ohio			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car went off of bridge ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) On old bay ditch, on old DUE TO (c) Pale road, broken neck. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 32				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Portage 012 New Madrid Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept-3-57 3:05 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:05 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L. S. Hedgcock				23b. ADDRESS (Degree or title) Carover 3 New Madrid, Mo.		23c. DATE SIGNED Sept 5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 3 1957		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Paragould, Ark.	
DATE REC'D BY LOCAL REG. 10-1-57		REGISTRAR'S SIGNATURE Ellen DeSalle Nelson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeLisle Funeral Parlor Portageville, Mo.			

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

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OCT 9 1957

DATE RECEIVED OCT 7 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Joseph A. [Signature]
Licensed Embalmer No. 4481

P. O. Address Bogeville

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.