

Dept. Health,
oc., & Welfare
S. Public
Health Service

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

36462

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 119

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Chilhowee	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Market Street		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>1 1/2 hrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William Middle Lawrence Last Collins			4. DATE OF DEATH Month Oct. Day 14 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1895	9. AGE (In years last birthday) 61	10. FUNDER 1 YEAR Months 6 Days 10 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Batesville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eli Collins	13b. MOTHER'S MAIDEN NAME Ida Latham	14. NAME OF HUSBAND OR WIFE Mamie Langford
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 494-40-6035	17. INFORMANT J. O. McReynolds, Chilhowee, Mo.	Address
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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>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
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)		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.) 4201
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Chilhowee, Mo.	COUNTY	STATE
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21. I attended the deceased from <u>10-14-57</u> , to <u>10-14-57</u> and last saw ^{him} alive on <u>10-14-57</u> Death occurred at <u>8 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Rhee Cooper M.D.</u> (Degree or title)	22b. ADDRESS <u>Warrensburg Mo</u>	22c. DATE SIGNED <u>10-17-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/17/57	23c. NAME OF CEMETERY OR CREMATORY Carpenter	23d. LOCATION (City, town, or county) Chilhowee, Mo.	(State)
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24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Savannah C. Whitefield</u>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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

J. Wood
Licensed Embalmer No. 4335
P. O. Address Chilhowee, 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.