

Health,
Welfare
Public
Service

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1115

STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 4232 Registrar's No. _____

300
-57

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) TOWN WILLOWS SPRINGS		c. CITY OR TOWN WEST PLAINS, MO	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) S. S. RTE. 7	
Length of stay in lb 3 hrs.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LYDIA MARGARET COLLINS			4. DATE OF DEATH Month Day Year 1-18-58			
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1881	9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 10 Days 7	IF UNDER 24 HRS. Hours Min.
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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 country) DOUGLAS CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME JAKE STUBBS		13b. MOTHER'S MAIDEN NAME MARGARET COLLINS		14. NAME OF HUSBAND OR WIFE X			
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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) X		16. SOCIAL SECURITY NO. X		17. INFORMANT Address CLINT COLLINS, WEST PLAINS, MO			
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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> DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			4201				
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION WEST PLAINS, MO		20g. COUNTY STATE		
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21. I attended the deceased from <u>1/14/58</u> , to <u>1/18/58</u> and last saw her/him alive on <u>1/18/58</u> Death occurred at <u>4:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
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22a. SIGNATURE <u>W.B. Perkins, M.D.</u> (Degree or title)				22b. ADDRESS <u>Willow Springs Mo 12/158</u>				22c. DATE SIGNED <u>1/18/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 1-22-58		23c. NAME OF CEMETERY OR CREMATORY COLLINS		23d. LOCATION (City, town, or country) (State) WEST PLAINS, MO			
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24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MO				25. DATE RECD. BY LOCAL REG. 1-27-58		26. REGISTRAR'S SIGNATURE <u>Thomas C Durdon</u>			
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Doctor, coroner, etc. must use only standard momentary tags in item 10. No symptoms with no related diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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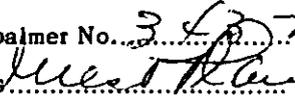
JAN 28 1958

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 

Licensed Embalmer No. 3477
P. O. Address 

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.