

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014010
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>1. Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <u>West Plains</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>West Plains</u> 046 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OR (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Plains Regional Hosp</u> Length of stay in 1b		d. STREET ADDRESS <u>SS Kls</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Sampson Collins</u>			4. DATE OF DEATH Month Day Year <u>3-23-58</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-1885</u>
9. AGE (In years last birthday) <u>72</u>		10. F UNDER 1 YEAR Months Days <u>5 20</u>	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Ephraim Collins</u>	
14. MOTHER'S MAIDEN NAME <u>Jane Collins</u>		15. NAME OF HUSBAND OR WIFE <u>Melissa J. Collins</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>Yes</u>		17. SOCIAL SECURITY NO. <u>4201</u>	
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 thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Secondary anemia</u>		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 <u>Jan 1 5:08</u> to <u>3/23/58</u> and last saw ^{her} him alive on <u>3/23/58</u> Death occurred at <u>11:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. L. Fowler MD</u> (Degree or title)		22b. ADDRESS <u>West Plains Mo</u>	
22c. DATE SIGNED <u>4/4/58</u>		23a. BURIAL, CREMATION, REMAINS (Specify)	
23b. DATE <u>2-26-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Collins</u>	
23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Coburn's West Plains Mo 4-17-58</u>	
25. DATE RECD. BY LOCAL REG. <u>4-17-58</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 4 1963

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 *D. L. Roberts*

Licensed Embalmer No. *3487*
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.