

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006644

State File No. _____

RECEIVED FEB 25 1959

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3084 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Louisiana Mo.</u>	c. LENGTH OF STAY (in this place) <u>12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry Mo 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>hmn</u> c. (Last) <u>Collins.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb 4, 1959</u>	9. AGE (In years last birthday) <u>12</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Walter Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Powell</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Collins</u> ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>7600</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 2/4/59, 1959, to 2/16/59, 1959, that I last saw the deceased alive on 2/16/59, 1959, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Anderson M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Mo</u>	23c. DATE SIGNED <u>2/16/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-17-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>ELSBERRY, MO</u>
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DATE REC'D BY LOCAL OFFICE <u>Feb 18-59</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. C. RICKS - ELSBERRY, Mo.</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision. NOT EMBALMED

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4012

P. O. Address Edsherry, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.