

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014244
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY OR TOWN Maryville <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN Maryville 0742 <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS 610 North Walnut <small>(If outside, give location)</small>	
3. NAME OF DECEASED (Type or print) First SARAH Middle E. Last COLLINS		4. DATE OF DEATH Month 4 Day 13 Year 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/17/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Conception, Mo.
10c. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Grimes		13b. MOTHER'S MAIDEN NAME Margaret Cunningham	
13c. NAME OF HUSBAND OR WIFE Albert Collins		14. NAME OF HUSBAND OR WIFE Albert Collins	
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. none	
17. INFORMANT Albert Collins, Maryville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis + hypertension DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x	
19. INTERVAL BETWEEN ONSET AND DEATH 22 days		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 _____ 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 Maryville COUNTY Missouri STATE Missouri	
21. I attended the deceased from 3/22/59 to 4/13/59 and last saw him alive on 4/13/59 Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE B. F. Byland (Degree or title) M. D.	
22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 4/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/16/59	
23c. NAME OF CEMETERY OR CREMATORY St. Patrick's		23d. LOCATION (City, town, or county) (State) Maryville, Missouri	
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 4-15-59	
26. REGISTRAR'S SIGNATURE Bess Holt			

Health, Welfare Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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 *Clun M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville Mo*

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.