

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016760

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 38

Primary Registration District No. 8120

Registrar's No. 246

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Township		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi so on Hiway 63		d. STREET ADDRESS (If outside, give location) Length of stay in lb	

3. NAME OF DECEASED (Type or print) First Middle Last RALPH BURTON COLLINGS			4. DATE OF DEATH Month Day Year May 25 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-15-1895	9. AGE (In years at birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	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) Maintenance work	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and state or country) Princeton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Burton Collings	13b. MOTHER'S MAIDEN NAME McClaren	14. NAME OF HUSBAND OR WIFE
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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. 500-07-7905	17. INFORMANT Mrs John Contestabile	Address St. Louis, Missouri
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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) Massive hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Lacerations of aorta		"
	DUE TO (c) Gunsnot wounds		"
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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased shot in chest with
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20c. TIME OF INJURY Hour a.m. Month, Day, Year 9:00 a.m. May 25 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	20f. CITY, TOWN, OR LOCATION Borne	COUNTY MO STATE Columbia
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Borne	COUNTY MO STATE Columbia
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21. I attended the deceased from **9 a** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Vincent Perna, M.D. Coroner	22b. ADDRESS Univ. Mo. Med Center	22c. DATE SIGNED 28 May 59
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23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 5-29-1959	23c. NAME OF CEMETERY OR CREMATORY Harris Cemetery	23d. LOCATION (City, town, or county) (State) Harris, Missouri
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24. FUNERAL DIRECTOR Parkers Funeral Serv. Columbia, Missouri	25. DATE RECD. BY LOCAL REG. May 28 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOT UNLESS THE PART MUST BE CAUTIONARILY RECORDED.

JUN 10 1956

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 *Chas. L. Leary*

Licensed Embalmer No. *4132*
P. O. Address *Alameda*

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.