

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**59-018449**  
STATE FILE NUMBER

FILED JUN 12 1959		Registration District No. <u>209</u>	Primary Registration District No. _____	Registrar's No. <u>21</u>
1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warren Township</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Palmyra</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Route CC</u>		Length of stay in lb _____ d. STREET ADDRESS <u>22 Breckenridge</u>		(If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DOROTHY</u> Middle <u>JANE</u> Last <u>COLLINS</u>				4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 30 1943</u>	9. AGE (In years last birthday) <u>15</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attended School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grade School</u>		11. BIRTHPLACE (City and state or country) <u>Palmyra Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Aldo Collins</u>		
14. MOTHER'S MAIDEN NAME <u>Rosetta Branham</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Aldo Collins Palmyra Mo.</u> Address _____		
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>Compression beneath auto</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) _____ DUE TO (c) _____
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? <u>a</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>This passenger in an Oldsmobile convertible</u>		
20c. TIME OF INJURY Hour <u>10:30</u> a-m. _____ p.m. _____ Month, Day, Year <u>5 19 59</u>		<u>which ran off road, turned over, pressed her into dirt.</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Route CC</u>		20f. CITY, TOWN, OR LOCATION <u>Warren</u> COUNTY <u>Marion</u> STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Henry H Sweet Jr. M D Coroner</u>		22b. ADDRESS <u>Hannibal Mo</u>		22c. DATE SIGNED <u>6/5/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 23/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem.</u>
23d. LOCATION (City, town, or county) <u>Palmyra Mo.</u>		23e. STATE (State) _____		
24. FUNERAL DIRECTOR <u>E.T. Sprague</u> ADDRESS <u>Palmyra Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-6-59</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u> <u>Pat Viola Spier, Deputy</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, ~~or by~~ ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *E. J. Sprague* .....

Licensed Embalmer No... 32

P. O. Address .. Palmyra Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.