URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 6 1959

59–036032
STATE FILE NUMBER

ENDED

Registration District No. 443 Primary Registration District No. 4232 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs, Mo. | Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Willow Springs, Mo. | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: W. Last: Collins
4. DATE OF DEATH Month Nov. Day 3 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/27/1886
9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 10 Days 6 | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Douglas County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Franklin Collins
13b. MOTHER'S MAIDEN NAME Luhaney Collins
14. NAME OF HUSBAND OR WIFE Malissie Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 500-10-1816
17. INFORMANT Malissie Collins Address Willow Spring

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterio-sclerosis
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11-3-59, to 11-3-59 and last saw her/him alive on 11-3-59
Death occurred at 2:00AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Miller (Certifier's Title) Dr. Harold Miller MD
22b. ADDRESS Willow Springs, Mo.
22c. DATE SIGNED 11-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/5/59
23c. NAME OF CEMETERY OR CREMATORY Pine Grove
23d. LOCATION (City, town, or county) (State) Howell County, Mo.

24. FUNERAL DIRECTOR Burns W ADDRESS Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 11/4/59
26. REGISTRAR'S SIGNATURE Marshall Ballard

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

VS NOV 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs

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