

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-039826

STATE FILE NUMBER

Registration District No. 740 Primary Registration District No. 3024 Registrar's No. 101

ENDED

1. PLACE OF DEATH a. COUNTY <b>Howard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette, Mo.</b>		Length of stay in 1b <b>10 days</b>		c. CITY OR TOWN <b>Fayette</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lee Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>506 W. Spring</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>NORWOOD</b> Middle <b>WAYNE</b> Last <b>COLLINS</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>25,</b> Year <b>1959</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/7/1897</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of year, if even if retired) <b>Carpenter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (City and state or country) <b>Howard County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Burgess Norwood Collins</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Evelyn George</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>495-01-0459</b>		17. INFORMANT <b>Miss Fannie George Fayette, Misso</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>Uremia</b>							<b>unknown</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <b>Hypertensive nephritic disease</b>							<b>unknown</b>		
DUE TO (c) <b>essential hypertension, severe</b>							<b>unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year								
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		COUNTY		STATE	
21. I attended the deceased from <b>Nov. 16, 1959</b> to <b>Nov. 25</b> and last saw <sup>him</sup> alive on <b>Nov. 24, 1959</b> Death occurred at <b>5:30</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Francis J. Dan</i> (Degree or title) <b>2.00</b>				22b. ADDRESS <b>Fayette, Missouri</b>			22c. DATE SIGNED <b>11-27-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/26/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>				
24. FLUNERAL DIRECTOR <i>Ralph A. Carr</i> ADDRESS <b>Fayette, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-27-59</b>		26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette

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.