

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002125

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 17

FILED VS FEB 14 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>	Length of stay in 1b <u>8 m</u>	c. CITY OR TOWN <u>Brookfield</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>716 Meade Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>716 Meade Street</u>

3. NAME OF DECEASED (Type or print) First <u>SUSAN</u> Middle <u>JANE</u> Last <u>COLLINS</u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>8,</u> Year <u>1961</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>6-7-1960</u>	9. AGE (last birthday) Months <u>8</u> Days <u>1</u> Hours <u></u> Min. <u></u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Brookfield, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Howard Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Connie Cunningham</u>	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) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>Howard Collins, Brookfield, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>Indistinguishable</u>
IMMEDIATE CAUSE (a) <u>Anaemia</u>	DUE TO (b) <u>Congenital heart lesion, unclassified</u>	<u>since birth</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
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 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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	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.) <u>high</u>	20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>	COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from <u>high</u> to <u>7-8-61</u> and last saw her alive on <u>2-8-61</u> Death occurred at <u>8:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Brookfield Mo</u>	22c. DATE SIGNED <u>2/9/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-9-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Brookfield, Mo.</u>
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24. FUNERAL DIRECTOR <u>Wright Funeral Home, Brookfield, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-9-61</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.