

**FILED JUN 13 1961**

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**=61-020163**  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6231 Registrar's No. 105

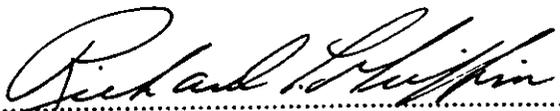
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eve</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Eve, Missouri 10802</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>At Home in Eve</b>		Length of stay in lb <b>2-Years</b>	d. STREET ADDRESS (If outside, give location) <b>None</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CARY</b> Middle <b>V.</b> Last <b>COLLINS</b>			4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1879</b> <b>10/11/1877</b>	9. AGE (In years last birthday) <b>88</b> 81	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Saw Mill</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Marti Van Burn Collins</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Victor Rathburn</b>		14. NAME OF HUSBAND OR WIFE <b>Iona Goodard Collins</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>		17. INFORMANT Address <b>Mrs. Iona Collins - Eve or Clayton, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4200</b>					
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 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>JAN 1, 61</b> to <b>June 5, 61</b> and last saw her alive on <b>June 4, 1961</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Richard P. Cheney M.D.</b>		22b. ADDRESS <b>Ft. Scott, Mo</b>		22c. DATE SIGNED <b>6/10/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/7/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Fort Scott, Kansas</b>		23e. STATE <b>(State)</b>			
24. FUNERAL DIRECTOR <b>Richard P. Cheney</b>		ADDRESS <b>Ft. Scott, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>6-10-1961</b>	
26. REGISTRAR'S SIGNATURE <b>Arnal E. Jerry</b>					

VS JUN 14 1961

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   
Richard L. Griffin

Licensed Embalmer No. .... 5053 .....

P. O. Address ... 201 South Main Street  
Fort Scott, Kansas.

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.