

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007900

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1638** STATE FILE NUMBER

FILED FEB 23 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST LOUIS** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA HOMER PHILLIPS** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY _____
 c. CITY OR TOWN **ST LOUIS** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1427 LAUREL** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **M. MINNIE COLLINS** 4. DATE OF DEATH Month Day Year **Feb 6 1962**

5. SEX **FEMALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-12-86** 9. AGE (last birthday) **75** IF UNDER 1 YEAR Months **6** Days **24** IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **TENNESSEE** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **JIM BRYANT** 13b. MOTHER'S MAIDEN NAME **MARY HAMMONDS** 14. NAME OF HUSBAND OR WIFE **Will COLLINS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Will COLLINS 1427 LAUREL** 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) **gangrene of left leg; arterio sclerosis**
 DUE TO (b) **Heart Disease; suffered when burned with hot coffee in home in Tennessee, exact date unknown.**
 DUE TO (c) **accidents**

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

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. 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.) **See above**

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.) **06 Home** 20f. CITY, TOWN, OR LOCATION **Tennessee** COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **9:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **2-8-62**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **REMOVAL** 23b. DATE **1-9-62** 23c. NAME OF CEMETERY OR CREMATORY **MURFERSBORO** 23d. LOCATION (City, town, or county) (State) **TENNESSEE**

24. FUNERAL DIRECTOR **RELIABLE FUNERAL 315 1389 UNION** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **FEB 8 1962** 26. REGISTRAR'S SIGNATURE **Loard Smith M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

6 DATE AMENDED
 9:30 a.m.

FEB 26 1962

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 Clarence Creams

Licensed Embalmer No. 4755

P. O. Address 1389 Union

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.