

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028151  
STATE FILE NUMBER

Registration District No. 279 Primary Registration District No. 3054 Registrar's No. 101

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Louisiana</b>		Length of stay in 1b <b>3 days</b>	c. CITY OR TOWN <b>Louisiana</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1008 Georgia St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Madeline B. Collins</b>			4. DATE OF DEATH Month Day Year <b>July 23 1962</b>
5. SEX <b>Female</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>6/8/1884</b>
9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Making</b>	11. BIRTHPLACE (City and state or country) <b>Columbia, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joel S. Branham</b>	
13b. MOTHER'S MAIDEN NAME <b>Cailla Switzler</b>		14. NAME OF HUSBAND OR WIFE <b>Charles 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>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Charles B. Collins, Louisiana, Mo.</b> 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) <b>Medullary Paralysis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Several</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Thrombotic encephalomyelium with cerebral hemorrhages</b>			<b>3 days</b>
DUE TO (c) <b>Advanced arteriosclerosis, Sclerotic disease, infection</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart Disease</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>May 25/62</b> to <b>July 23/62</b> and last saw her alive on <b>July 23/62</b> Death occurred at <b>2:38</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>David L. Bilyea</b>		(Degree or title)	22b. ADDRESS <b>218 N 5th St. Louisiana, Mo</b>
22c. DATE SIGNED <b>July 24/62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	23b. DATE <b>7/25/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	23d. LOCATION (City, town, or county) <b>St Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>Sterne Funeral Home, Louisiana, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 24-1962</b>	26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>

x Louisiana State University  
 x 1008 University Ave  
 1988 33 July  
 8/8/1988  
 U.S.A. Missouri, Columbia, Missouri  
 Charles Collins  
 Charles E. Collins, Louisiana, Mo.  
 B. Collins  
 X  
 Louisiana State University  
 1008 University Ave  
 1988 33 July  
 8/8/1988  
 U.S.A. Missouri, Columbia, Missouri  
 Charles Collins  
 Charles E. Collins, Louisiana, Mo.

**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 J. B. Starnel

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.

7/25/1988  
 Vashita Crematory  
 of Louisiana, State  
 Sterne Funeral Home, Louisiana, Mo.