MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014660
STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 38

FILED APR 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Texas County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston — Length of stay in 1b: 1 Week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas County Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mountain Grove — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 315 North Main Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLOYD — Middle JUNIOR — Last COLLINS

4. DATE OF DEATH: Month March — Day 23 — Year 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-24-1936
9. AGE (last birthday): 26 — 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): Surveyor, State Highway Dept.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sycamore, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Albert Lee Collins
13b. MOTHER'S MAIDEN NAME: Helen Crawford
14. NAME OF HUSBAND OR WIFE: Joy Reed Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joy Collins, Mountain Grove, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 da
Chronic Glomerulo- nephritis and Urmenia — 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
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. ☐ 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.)
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12/27/62, to Mar. 22, '63 and last saw ~~sick~~ him alive on March 22, 1963
Death occurred at Mar. 23, 1963 - 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. A. Craig (Degree or title) D.O.
22b. ADDRESS: Mountain Grove, Missouri
22c. DATE SIGNED: 3/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 26, 1963
23c. NAME OF CEMETERY OR CREMATORY: Ball Cemetery
23d. LOCATION (City, town, or county) (State): Dora, Missouri

24. FUNERAL DIRECTOR: Russell W. Barber — ADDRESS: Mountain Grove, Mo.
25. DATE RECD. BY LOCAL REG.: 3-26-63
26. REGISTRAR'S SIGNATURE: Myrtie Craig

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1963

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 Bob Davis, Student Embalmer No. 678 working under my personal supervision.

Student Bob Davis
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address Mike Grove, 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.