

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045059

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 396 Primary Registration District No. 6049 Registrar's No. 47

FILED NOV 20 1963

VS 300
Rev. 4/59

1 0930
2 4026
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4 1
5 0
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9 8/1 X
10 39
11 092
12 92-3
13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

FROM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dardenne Twsp</u>		Length of stay in 1b <u>D. O. A.</u>	c. CITY OR TOWN <u>Hazelwood</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>Dardenne Hunting Club</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>442 Olian Drive</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jadqueline Sue Collins</u>			4. DATE OF DEATH Month Day Year <u>Nov. 8 1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>1/15/43</u>	9. AGE (last birthday) <u>20</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9 33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington Univ. West Frankfort, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jack Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Winona Bungartner</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>			16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>14 Jack Collins-West Frankfort, Ill.</u>
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mutilation - complete</u> DUE TO (b) <u>Plane crashing from unknown reasons</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Unknown cause as to why plane crashed</u>		
20c. TIME OF INJURY Hour .Month, Day, Year <u>8:10 11/8/63</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm field Dardenne Twsp-St. Charles, Mo.</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Dardenne Twsp-St. Charles, Mo.</u>		STATE	
21. I attended the deceased from <u>held view</u> to <u>11/8-9/63</u> and last saw her alive on _____ Death occurred at <u>8:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>[Signature]</u> Coroner			22b. ADDRESS <u>12 Cunningham Ct-St. Charles, Mo.</u>		22c. DATE SIGNED <u>11/9/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/9/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Tower Height</u>		23d. LOCATION (City, town, or county) <u>W. Frankfort, Ill.</u>
24. FUNERAL DIRECTOR <u>Reedy Fun. Home-W. Frankfort, Ill.</u>			25. DATE RECD. BY LOCAL REG. <u>11-19-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 1963

DEC 1 2 1963

NOV 21 1963

NOV 20 1963

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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 Conrad L. Pickering

Licensed Embalmer No. 5789

P. O. Address St. Charles, 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.