MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046987
STATE FILE NUMBER

Registration District No. 832 Primary Registration District No. 5112 Registrar's No. 2

FILED JAN 9 1964

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0090
2 0090
3
4 0
5 2
6
7 0
8 0
9 9338
10 46
11 009
12 90-3
13 1-1

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lutesville
Length of stay in 1b: 6 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt-3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Bollinger
c. CITY OR TOWN: ZALMA
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt-1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: FRANCES Middle: MARION Last: COLLINS
4. DATE OF DEATH: Month: MAY Day: 30. Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JAN 15 1877
9. AGE (last birthday): 86
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): FARM
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bollinger County Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: H. O. COLLINS
13b. MOTHER'S MAIDEN NAME: Melinda SULLIVAN
14. NAME OF HUSBAND OR WIFE: MARY
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.: NO
17. INFORMANT: Ed Collins Address: Advance MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UNKNOWN – probable Coronary
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Exposure
DUE TO (c) Lost in Woods – MAY 28 1963 to JAN-3-1964
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
deceased Left Home 5-28-63 – Lost until 1-3-1964
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 _____, to _____ and last saw him alive on JAN 3, 1964
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Rene Ward – Coroner (Degree or title)
22b. ADDRESS: Lutesville, Mo
22c. DATE SIGNED: Jan 4 1964
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-4-64
23c. NAME OF CEMETERY OR CREMATORY: BALCH CHAPEL
23d. LOCATION (City, town, or county) (State): ZALMA MO
24. FUNERAL DIRECTOR: Rene Ward ADDRESS: Lutesville Mo
25. DATE RECD. BY LOCAL REG.: 1/7/64
26. REGISTRAR'S SIGNATURE: Mrs Buford Cradn

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Licensed Embalmer No._____

P. O. Address_____

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.