

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32154

Registration District No. 639

Primary Registration District No. 43-83

Registrar's No. -13-

1. PLACE OF DEATH:

(a) County Osage Benton Township Rural

(b) City or town _____

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____

In this community 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME David, D. Collier

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Aug 2 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	2	17 hr. 30 min.

9. Birthplace Laclede County, Mo. Rural U
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Collier

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bowman
(City, town, or county) (State or foreign country)

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. A. Towrley

(b) Address Chambers, Mo.

17. (a) Burial (b) Date thereof 8/31/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bode Cemetery

18. (a) Signature of funeral director Otto T. Stockach

(b) Address Chambers, Mo.

19. (a) Aug-30-41 (b) Father Souder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 076 A

(c) City or town Benton Township Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from March 1 1940 to Aug 29 1941
that I last saw him alive on May 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature M. D. Towrley (M. D. or other) 0
Address Chambers, Mo. Date signed 8-30-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7600

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~~ CME

....., Registered Apprentice No.

working under my personal supervision.

Signed Otto T. Stockrick

Licensed Embalmer No. 1902

P. O. Address Chambers CME

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 this body is not embalmed, above space should be left blank.