

FILED DEC 3 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38033

Do not use this space.

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 139
 (b) Township Stokesmound Primary Registration District No. 4079 Registered No. 8
 (c) City Tina, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town, where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dollie Coliver
 (a) Residence, No. Tina, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF E.L. Coliver (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13th, 1980

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 11 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tina, Missouri (STATE OR COUNTRY)

FATHER
 13. NAME Carl F. Miller

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Mary Ann Soutson

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Jackie Coliver (ADDRESS) Tina, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Vanhorn DATE 11/4/1941

19. FUNERAL DIRECTOR (NAME) Clifford W. Austin (ADDRESS) Tina, Missouri

20. FILED 11-4-1941 Mrs. R. A. Henderson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1941

22. I HEREBY CERTIFY That I attended deceased from Oct. 28 1941 to Nov. 2 1941
 I last saw her alive on Nov. 10 1941. Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Starvation

Other contributory causes of importance
Senility withementia 10/20/41

Name of operation _____ Date of _____
 What test confirmed diagnosis? 162 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Dr. Edward R. Smith, D.O.

(Address) Tina, Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 12-2-41

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.....

Clifford W. Austin,

Registered Apprentice No.

working under my personal supervision.

Signed

Clifford W. Austin

Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri.

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.