

FILED JUL 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22773

Registration District No. 178

Primary Registration District No. 5438

Registrar's No. 98

1. PLACE OF DEATH:

Gasconade
(a) County "Rural" Brush Creek Twp.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Owensville Route 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME William R. Collier
(NO MIDDLE NAME)3. (b) If veteran, ** (c) Social Security No. **
name war.

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Martha
Jane Lucas Collier
7. Birth date of deceased August 14 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 10 15 hr. min.9. Birthplace Owensville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Randolph Collier
13. Birthplace ** Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Armintha Bunton
15. Birthplace ** Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant James Collier
(b) Address Owensville, Mo. RR3

17. (a) Burial (b) Date thereof 7-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Collier Cemetery

18. (a) Signature of funeral director M. H. Winter
(b) Address OWENSVILLE Mo.

19. (a) 7/13/48 (b) Dorothy Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missionri Gasconade 37
(a) State (b) County
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Owensville Route 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1948 hour 2 minute 45 P. M.21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide

Due to SELF INFLECTED BY
44 CAL. REVOLVER
Due to WITH OWN HANDSOther 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) SUICIDE
(b) Date of occurrence JUNE - 29 - 1948
(c) Where did injury occur? 9 mi SOUTH OF OWENSVILLE
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
FARM HOME 3
While at work (Specify type of place) (e) Means of injury

23. Signature August Blumber Coronel
Address Harrison Mo Date signed 6-29-48
(M. Drozother)

RECEIVED
District Health Officer No. 9,
District File Number
JUL 23 1948
Date Filed

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.....

.....Harvey Kahle....., Registered Apprentice No. 9
working under my personal supervision.

Signed.....Mildred Winter.....

Licensed Embalmer No. 3838

P. O. Address Owensville, 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 this body is not embalmed, fact should be so stated above.