

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1879

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>243</sup> ~~4204~~ PRIMARY REG. DIST. NO. <sup>4364</sup> ~~243~~ Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stella, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho,</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>1013 N Colledge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Isom</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Collier</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 13 50</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 1 HR. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Seligman Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marion Collier</u>	13b. MOTHER'S MAIDEN NAME <u>Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Collier (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Pete Collier</u>	ADDRESS <u>Neosho, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-9, 1950, to 1-13, 1950, that I last saw the deceased alive on 1-13, 1950, and that death occurred at 10:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Cardwell M.D.</u>	23b. ADDRESS <u>Stella, Mo.</u>	23c. DATE SIGNED <u>1-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stella, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-16-1950</u>	REGISTRAR'S SIGNATURE <u>Alpha Deyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Tompkins</u>	ADDRESS <u>Neosho, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0730

**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 150-31  
Date Filed JAN 24 1950

**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 James Kenneth Duncan Student Embalmer No. 308 working under my personal supervision.

Signed James Kenneth Duncan  
Student Embalmer

Signed Wm Morris Pope  
Licensed Embalmer No. 13492  
P. O. Address Wheaton, 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.