

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. **29613**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **312**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	
c. LENGTH OF STAY (In this place) 13 months		d. STREET ADDRESS (If rural, give location) 513 West Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fulton State Hosp. Fulton Mo			

3. NAME OF DECEASED a. (First) William b. (Middle) — c. (Last) Collier		4. DATE OF DEATH (Month) (Day) (Year) Sept 21 1950	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 9 1892
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Geo Collier	13b. MOTHER'S MAIDEN NAME ? dk.	14. NAME OF HUSBAND OR WIFE ? dk.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. dk.
17. INFORMANT'S SIGNATURE OR NAME James W. Collier		ADDRESS 513 W. Union Vandalia

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				490X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from **July 1, 1950**, to **Sept 21, 1950**, that I last saw the deceased alive on **Sept 21, 1950**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Hunter M.D. (Degree or title)	23b. ADDRESS Fulton State Hosp.	23c. DATE SIGNED Sept 21 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 29, 1950	24c. NAME OF CEMETERY OR CREMATORY Vandalia
24d. LOCATION (City, town, or county) Vandalia		(State) Mo.
DATE REC'D BY LOCAL REG Sept. 27, 1950	REGISTRAR'S SIGNATURE Maretha Lawrence by ROM	25. FUNERAL DIRECTOR'S SIGNATURE W. S. Waters ADDRESS Vandalia

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *W. S. Waters*
O. Campbell
Licensed Embalmer No. 4298

P. O. Address Vandalia, 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.