

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5780

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Elvins</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Elvins</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <i>Chloric</i>		b. (Middle) <i>Mac</i>	
		c. (Last) <i>Collier</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 24, 1951</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug. 22, 1895</i>
		9. AGE (In years last birthday) <i>55</i>	10. AGE (In years) <i>5</i> <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>James Burns</i>	
		13b. MOTHER'S MAIDEN NAME <i>Melissa Spurterine</i>	
		14. NAME OF HUSBAND OR WIFE <i>Clarence Collier</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Jesse DeGonia Bonner Terry, Mo.</i>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer uterus extending to sigmoid and bladder</i> INTERVAL BETWEEN ONSET AND DEATH <i>8-9 months (1 known)</i> 174 X 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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)		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 <i>Aug 19, 1950</i> , to <i>Jan 24, 1951</i> , that I last saw the deceased alive on <i>Jan 23, 1951</i> , and that death occurred at <i>9 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>J. W. Zupan D.O.</i>		23b. ADDRESS <i>Flat River Mo</i>	
		23c. DATE SIGNED <i>1/27/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 27, 1951</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Layne Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>near Elvins Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Feb. 3, 1951</i>		REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Raymond Caldwell Flat River, Mo.</i>	

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

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 _____

R. Caldwell

Signed.....

Student Embalmer

Licensed Embalmer No. 2531

P. O. Address. Flat River 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.