

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1547A

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6385 Registrar's No. 16

1. PLACE OF DEATH

a. COUNTY WRIGHT

b. CITY (If outside corporate limits, write RURAL and give town or township) MIN GROVE, Mo

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY WRIGHT

c. CITY (If outside corporate limits, write RURAL and give township) MIN GROVE, Mo

d. STREET ADDRESS (If rural, give location) Oakland Ave

3. NAME OF DECEASED

a. (First) DAN b. (Middle) COLLIER c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) APR 4 1951

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH NOV 26, 1904 9. AGE (In years last birthday) 46 10. MONTHS 5 11. DAYS 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) MIN GROVE, MO 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME ARTHUR F. COLLIER 13b. MOTHER'S MAIDEN NAME CORA ROBERTSON 14. NAME OF HUSBAND OR WIFE AUDREY COLLIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Lace Collier ADDRESS mtn Grove, mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) KILLED BY BEING STRUCK BY PASSENGER TRAIN, FRISCO RAILWAY.

ANTECEDENT CAUSES _____ DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____

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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RAILROAD TRACK 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MIN GROVE, WRIGHT MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APR 4 1951 4:15 P.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? STRUCK BY FRISCO TRAIN, sitting on rail

22. I hereby certify that I attended the deceased from APRIL 4, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank Grable (Degree or title) acting coroner 23b. ADDRESS MIN GROVE, MO. 23c. DATE SIGNED 4-5-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 4-8-51 24c. NAME OF CEMETERY OR CREMATORY HILL CREST 24d. LOCATION (City, town, or county) (State) MIN GROVE MO

DATE REC'D BY LOCAL REG. 4-9-51 REGISTRAR'S SIGNATURE G.B. Ames 348 0 FUNERAL DIRECTOR'S SIGNATURE Grable-Winslow ADDRESS mtn Grove mo.

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

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RECEIVED APR 17 1951
WRIGHT CO. HEALTH DEPT.
County File Number 421-40
Date Filed 4-21-51

MAY 1 1951

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address 5th Ave, me

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.