

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42302

State File No. \_\_\_\_\_

FILED JAN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b>	c. LENGTH OF STAY (In this place) <b>1 year</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b>	d. STREET ADDRESS (If rural, give location) <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>Wilda</b>		b. (Middle)		c. (Last) <b>Collier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 14, 1875</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Mich. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Samuel Whan</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Clappsadle</b>		14. NAME OF HUSBAND OR WIFE <b>Izaao Collier</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Collier</b>		ADDRESS <b>Sumner Mo</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Myo cardiac failure</b>				<b>6 hrs.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Arterio sclerosis</b>				<b>3 yrs</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Hypertensive Heart disease</b>				<b>6 yrs</b>	
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 <b>443X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 June 5, 1895, to Dec 29, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. J. Dawson</b>		23b. ADDRESS <b>Mercer Mo</b>		23c. DATE SIGNED <b>Jan 3-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 31, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Girdner Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-5-52</b>		REGISTRAR'S SIGNATURE <b>Neil Mearns</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Shuler</b>		ADDRESS <b>Lineville Iowa</b>	
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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 \_\_\_\_\_

*Anna L. Gruber*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3967*

P. O. Address *Linnville Iowa*

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.