

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>105</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Moberly</u> <u>0583</u>		d. STREET ADDRESS (If rural, give location) <u>420 Union</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 Union</u>				d. STREET ADDRESS (If rural, give location) <u>420 Union</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>			b. (Middle) <u>Harley</u>		c. (Last) _____				
4. DATE OF DEATH <u>May 2<sup>d</sup> 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Aug 19<sup>th</sup> 1892</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTH <u>8</u> DAY <u>13</u>		IF BORN IN U.S. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>			
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Jacob Collwell</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Hardin</u>		14. NAME OF HUSBAND OR WIFE <u>William B.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. B. Harley</u>			ADDRESS <u>Moberly Mo</u>	
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) <u>Metastatic Carcinoma of bowel and pancreas</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arterial Carcinoma of Colon</u>				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 <u>153X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>April 15, 1952</u> to <u>May 2, 1952</u> , that I last saw the deceased alive on <u>April 20, 1952</u> , and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carroll Collins M.D.</u> (Degree or title)				23b. ADDRESS <u>Moberly, Mo.</u>				23c. DATE SIGNED <u>May 5 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) <u>Moberly Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>5-5-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion ...</u> ADDRESS <u>Moberly Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 25 1954

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 L. D. Nutt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.