

5. No. 300
v. 10.48

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17002

State File No. 154133

Registrar's No. 0087008

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE Missouri b. COUNTY Newton)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 50 min		d. STREET ADDRESS (If rural, give location) Stella Route #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		e. STREET ADDRESS (If rural, give location) Stella Route #1	
3. NAME OF DECEASED (Type or Print) a. (First) Naomi		b. (Middle)	
c. (Last) Collier		4. DATE OF DEATH (Month) (Day) (Year) June 5, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29, 1917
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during previous year, if any, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Arkansas
10a. USUAL OCCUPATION (Give kind of work done during previous year, if any, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ernest Conard		13b. MOTHER'S MAIDEN NAME Hallie Frost	14. NAME OF HUSBAND OR WIFE Herman E. Collier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if unknown) No		16. SOCIAL SECURITY NO. 514-12-3600	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Herman E. Collier R#1 Stella
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) Internal Hemorrhages in abdomen ANTECEDENT CAUSES Ectopic Gestation 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 None		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) 6450
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 5^{am}, 1952 , to June 5^{pm}, 1952 , that I last saw the deceased alive on June 5, 1952 and that death occurred at 10:50^{am} , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dawson Rd		23b. ADDRESS Stella, Mo	23c. DATE SIGNED 6-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-8-52	24c. NAME OF CEMETERY OR CREMATORY Greenforest	24d. LOCATION (City, town, or county) (State) Green Forest Ark.
DATE REC'D BY LOCAL REG. 6-7-'52		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Neosho, Mo.

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

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RECEIVED 6-9-52
Jasper County Health Office
County File Number 52/6/441
Date Filed 6-9-52

JUN 10 1952

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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Neosho, Missouri

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.