

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19824**

**FILED JUL 5 1952**

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ozark</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Clay Township</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Greene</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hagewood Hos.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Samuel</b>	b. (Middle)	c. (Last) <b>Collison</b>	4. DATE OF DEATH <b>Mar. 21, 1952</b>
-------------------------------------	-----------------------------	-------------	------------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 25, 1866</b>	9. AGE (In years last birthday) <b>86</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
-----------------------	----------------------------------	--	--	--	--------------------------	------------------------	-------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	--	---

13a. FATHER'S NAME <b>Elisha Collison</b>	13b. MOTHER'S MAIDEN NAME <b>Margarett Ewing</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Collison</b>
--	---	---

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.	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Collison</b>	ADDRESS <b>Rogersville Rt#2 Mo</b>
---	-------------------------	---	---------------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>  <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease - thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 28 Feb, 1952, to 21 Mar, 1952, that I last saw the deceased alive on 21 Mar, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. D. Royer M.D.</b>	23b. ADDRESS <b>Ozark, Mo</b>	23c. DATE SIGNED <b>24 Mar 52</b>
---	----------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 25, 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazewood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Greene, Missouri</b>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Apr 15, 1952</b>	REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>	ADDRESS <b>Ozark, Mo</b>
---	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

220

**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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.