

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22177**

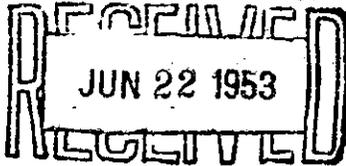
FILED JUN 24 1953

0620

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>956</u>		PRIMARY REG. DIST. NO. <u>5754</u>		Registrar's No. <u>37</u>		
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>				
b. CITY OR TOWN <u>RURAL-12 mi. TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>9 YRS.</u>		c. CITY OR TOWN <u>RURAL-12 mi. TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>0620 20 mi. S.W. of FREDERICKTOWN</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 mi. S.W. of FREDERICKTOWN</u>				d. STREET ADDRESS (If rural, give location) <u>0620 20 mi. S.W. of FREDERICKTOWN</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORENZA</u> b. (Middle) <u>DOW</u> c. (Last) <u>COLLIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8, 1953</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 11, 1871</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAW MILL</u>		11. BIRTHPLACE (State or foreign country) <u>POLK COUNTY, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>CALEB COLLIER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE JOAN COLLIER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LUTHER COLLIER, SAGO, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Stenosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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>March 3, 1953</u> , to <u>June 8, 1953</u> , that I last saw the deceased alive on <u>June 1, 1953</u> , and that death occurred at <u>12-12 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>O. A. Myers, M.D.</u>				23b. ADDRESS <u>Coldwater, Mo</u>		23c. DATE SIGNED <u>6/9/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SETTLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>6-18-1953</u>		REGISTRAR'S SIGNATURE <u>Flarume Hicker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Adamson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>		

JEFFERSON COUNTY HEALTH DEPT.
1 BLD. BRICKTOWN, MO.



FILE No. 653-33

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.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.