

FILED JUL 27 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23395**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

492

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JASPER		b. CITY (If outside corporate limits, write RURAL, and give township) WEBB CITY		a. STATE MISSOURI		b. COUNTY JASPER	
d. FULL NAME OF HOSPITAL OR INSTITUTION 522 S. MADISON		c. LENGTH OF STAY (in this place) 40 YRS		c. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		d. STREET ADDRESS (If rural, give location) 522 SOUTH MADISON	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) WILLIAM		b. (Middle) HOWELL		c. (Last) COLLIER		DEATH JULY 21, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 24, 1878	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 27	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH COLLIER			13b. MOTHER'S MAIDEN NAME JOSEPHINE CROSTHWAITE		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. NANCY HUGHES			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				17. ADDRESS WEBB CITY, MISSOURI			
18. CAUSE OF DEATH *This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Arteriosclerosis</u>					
		ANTECEDENT CAUSES <u>Myocarditis</u>					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION				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 <u>7-16</u> , 19 <u>54</u> , to <u>7/21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-20-54</u> , 19 <u>54</u> , and that death occurred at <u>1:25 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Georgette S. M.D.</u>				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>7/21 '54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 23, 1954		24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 7-22-54		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

1954 8 160

RECEIVED JUL 26 1954
Jasper County Health Office
County File Number 54-7-616
Date Filed JUL 26 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 _____

_____ working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 24403

P. O. Address Webb City, 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.