

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37707

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5572 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Grandview</u>	c. LENGTH OF STAY (in this place) <u>18 yrs</u>	c. CITY OR TOWN <u>Grandview</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 3rd Street</u>		STREET ADDRESS (If rural, give location) <u>East 3rd Street</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Henry</u>	b. (Middle) <u>Amos</u>	c. (Last) <u>Collier</u>	(Month) (Day) (Year) <u>Nov. 23 1954</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 24 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	9. AGE (in years last birthday) <u>85</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>George Collier</u>	13b. MOTHER'S MAIDEN NAME <u>Espy Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Saphronia Collier</u>
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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 <u>Mrs. Glen Travis, Grandview, Missouri</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute nephritis</u>		
	ANTECEDENT CAUSES 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. <u>fracture of left hip.</u>		8 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 15, 1954 to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 8:40 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William L. Doane</u>	23b. ADDRESS <u>Grandview, Missouri</u>	23c. DATE SIGNED <u>11-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
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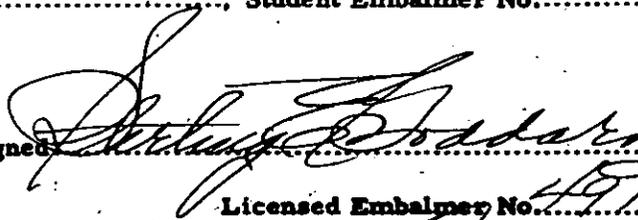
DATE REC'D BY LOCAL REG. <u>11-24-54</u>	REGISTRAR'S SIGNATURE <u>Charles J. Sadler</u>	498-10	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.K. George & Sons Inc.</u>	ADDRESS <u>Grandview, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 4911

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.