FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37301

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hale
c. LENGTH OF STAY (In this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): west part town. HALE
d. STREET ADDRESS (If rural, give location): OVRO

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Jesse
c. (Last): Colliver,

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11th, 1956

5. SEX: M
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 21, 1878
9. AGE (In years last birthday): 78 — If under 1 year: Months 7, Days 20, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer & Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Owingsville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John P. Colliver
13b. MOTHER'S MAIDEN NAME: Russie Day
14. NAME OF HUSBAND OR WIFE: Sadie Colliver,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-10-4514A
17. INFORMANT'S SIGNATURE OR NAME: Mrs Sadie Colliver
ADDRESS: Hale, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis and Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombotic Encephalomalacia and Cerebral Hemorrhage.
DUE TO (c) Advanced Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

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): 11-11 3 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-24, 1956, *to* 11-11, 1956, *that I last saw the deceased alive on* 11-10, 1956, *and that death occurred at* 3:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Norman F. Hansen (Degree or title) D.O.
23b. ADDRESS: Hale, Missouri
23c. DATE SIGNED: 11-12-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/14th, 1956
24c. NAME OF CEMETERY OR CREMATORY: Hale cemetery
24d. LOCATION (City, town, or county) (State): Hale, Missouri

DATE REC'D BY LOCAL REG.: Nov-14, 1956
REGISTRAR'S SIGNATURE: Mrs Ray Henderson
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W. Austin funeral Home
ADDRESS: Hale, Missouri,

(Licensed Embalmer's Statement on Reverse Side)

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

AM-4

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 Clifford W Justice

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.