

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37484**

FILED NOV 19 1956

BIRTH NO. _____ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 4165 Registrar's No. 3

310
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Davis DAVIESS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallitan | c. LENGTH OF STAY (in this place) 6 Mo. | c. CITY OR TOWN Pattonsburg | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sullivan Rest Home | | e. STREET ADDRESS (If rural, give location) 0 2 1 | |

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|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) H c. (Last) Collier | | | 4. DATE OF DEATH (Month) Oct (Day) 23 (Year) 56 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 1, 1879 | 9. AGE (In years last birthday) 77 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|---|--|
| 13a. FATHER'S NAME George Collier | 13b. MOTHER'S MAIDEN NAME Mary Flood | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Arthur Collier ADDRESS Pattonsburg Mo. |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 48 hrs 15 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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 Oct. 22, 1956, to Oct 23, 1956 that I last saw the deceased alive on Oct 22, 1956, and that death occurred at 7:00 pm. from the causes and on the date stated above.

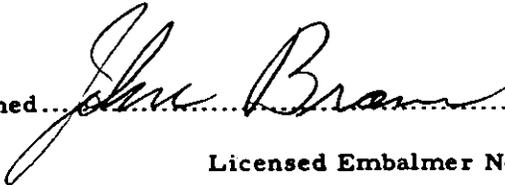
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|---|-----------------------------|--|---|
| 23a. SIGNATURE Floyd E. Nelson | (Degree or title) | 23b. ADDRESS Gallitan Mo | 23c. DATE SIGNED 10-25-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 25-56 | 24c. NAME OF CEMETERY OR CREMATORY Hpoewell | 24d. LOCATION (City, town, or county) (State) Mayaville Mo |

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| DATE REC'D BY LOCAL REG. 11-10-56 | REGISTRAR'S SIGNATURE Virginia Mengelhart | 25. FUNERAL DIRECTOR'S SIGNATURE John Bran ADDRESS Mayaville Mo |
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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..... 3933

P. O. Address Maysville, M

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.