

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41406**
5732

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>unknow</u>	
c. LENGTH OF STAY (in this place) <u>UNK.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 E 7TH</u>		e. STREET ADDRESS (If rural, give location) <u>unknow</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLISON</u> b. (Middle) <u>M</u> c. (Last) <u>COLLIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIV.</u>	8. DATE OF BIRTH <u>APR 16 1916</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Days _____ IF UNDER 1 HOUR Hours _____ IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX CITY TEXAS</u>	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME <u>JOHN H COLLIER</u>	13b. MOTHER'S MAIDEN NAME <u>LENA-BLANCH POPE</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. <u>459-16-9510</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LENA COLLIER</u>	ADDRESS <u>WACO TEXAS</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.		4201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H Owens</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1034 Quail Bldg</u>	23c. DATE SIGNED <u>1-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM</u>	24b. DATE <u>1-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIIDGE PARK CEM</u>	24d. LOCATION (City, town, or county) (State) <u>HILLSBORO TEXAS</u>
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DATE REC'D BY LOCAL REG. <u>1-3-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBBETO'S</u>	ADDRESS <u>N.C. mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hugh H. Owens

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 *Terrest D. Colburn*.....

Licensed Embalmer No. *471*.....

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