

FILED MAY 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19819

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6157</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Stone</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Blue Eye</u>) c. LENGTH OF STAY (in this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Blue Eye, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Blue Eye</u> d. STREET ADDRESS (If rural, give location) <u>1040</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>COLLIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1957</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9 July 1877</u>		9. AGE (In years last birthday) <u>78</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bruce Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>			14. NAME OF HUSBAND OR WIFE <u>Samuel Tuck Collier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Youngblood-Pt. Lookout, Mo.</u> ADDRESS _____				
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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>adder</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>W 201</u> YES <input type="checkbox"/> NO <input 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>was dependent on me</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Carter</u> (Degree or title) _____			23b. ADDRESS <u>Berryville, Ark</u>			23c. DATE SIGNED <u>5-7-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stone County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 17 57</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. M. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nelson Funeral Home-Berryville, Ark</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____
Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Beverlyville, Ark.

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.