

Health,  
Welfare  
Public  
Service

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-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

XC # 211 40 64

SL # 14401 FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29327  
STATE FILE NUMBER 7467

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

|  |                           |   |  |  |   |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY RALLS |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS, MISSOURI   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN HUNTINGTON   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION VETS. ADM. HOSP.<br>915 N. Grand  |                           | Length of stay in lb<br>9 DAYS  | d. STREET ADDRESS ROUTE #1   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>CLAUDE COLLIVER  |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>8-9-57   |  |   |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>5-4-96   | 9. AGE (In years last birthday)<br>61        | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>FARMER  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>FARMING  | 11. BIRTHPLACE (City and state or country)<br>HUNTINGTON, MISSOURI   | 12. CITIZEN OF WHAT COUNTRY?<br>USA          |   |
| 13. FATHER'S NAME<br>RICHARD COLLIVER  |                           |   | 14. MOTHER'S MAIDEN NAME<br>ETHEL HALL   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>YES WW I   |                           | 16. SOCIAL SECURITY NO.<br>497-42-0225  | 17. INFORMANT<br>Address<br>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) CARCINOMA OF PANCREAS WITH OBSTRUCTIVE JAUNDICE                     |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>UNKNOWN   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                           |   |  |  | DUE TO (b)  |
|  |                           |   |  |  | DUE TO (c)  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br>LEFT URETERAL STONE MALNUTRITION                                 |                           |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                               |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.  |                           |   |  |  |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE  |
| 21. I attended the deceased from 7-31-57 to 8-9-57 and last saw him alive on 8-9-57<br>Death occurred at 4:25 P m on the date stated above, and to the best of my knowledge, from the causes stated. |                           |   |  |  |   |
| 22a. SIGNATURE<br>Herbert Luke   |                           |   | 22b. ADDRESS<br>M. D. VAH, ST. LOUIS, MISSOURI   | 22c. DATE SIGNED<br>8-9-57                   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |                           | 23b. DATE<br>8-10-57  | 23c. NAME OF CEMETERY OR CREMATORY   |  | 23d. LOCATION (City, town, or county) (State)<br>Perry, Missouri.                                 |
| 24. FUNERAL DIRECTOR<br>Albert H. Hoppe 4700 Washington,   |                           | 25. DATE RECD. BY LOCAL REG.<br>AUG 10 57   |  | 26. REGISTRAR'S SIGNATURE<br>J Carl Smith Md |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 6 1957

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 *Stanley H. A. A. A.* .....  
Licensed Embalmer No. *44*

P. O. Address *St. L.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.