Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012176
STATE FILE NUMBER

Filed APR 23 1959 Registration District No. 002 Primary Registration District No. ____ Registrar's No. 23

1. PLACE OF DEATH a. COUNTY: Andrew	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rochester Township — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: Savannah 0020 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Shady Lawn — Length of stay in 1b: 3 months	d. STREET ADDRESS (If outside, give location): 1 mi. South Savannah — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: DUDLEY	Middle:	Last: COLLIER	4. DATE OF DEATH Month Day Year: April 13 1959
5. SEX: male	6. COLOR OR RACE: white	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec. 20, 1877
9. AGE (In years last birthday): 81	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired sawmill engineer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Platte County, Mo.	12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John D. Collier	13b. MOTHER'S MAIDEN NAME: Mary E. Foster	14. NAME OF HUSBAND OR WIFE: - - - - - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Miss Mabel Collier, Smithville,	Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Vascular Accident	30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arterio-Sclerosis	10 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Grand Mal Epilepsy 33 ix

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9-3-55, to 4-13-59 and last saw him alive on 3-28-59

Death occurred at 8:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Warren C. Bahr M.D. (Degree or title)

22b. ADDRESS: Savannah, Missouri

22c. DATE SIGNED: 4-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: April 15, 1959

23c. NAME OF CEMETERY OR CREMATORY: Smithville

23d. LOCATION (City, town, or county) (State): Smithville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Breit Funeral Home, Savannah

25. DATE RECD. BY LOCAL REG.: 4-16-59

26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

APR 23 1959

APR 23 1959

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 James H. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.