

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016899

FILED JUN 8 1959 Registration District No. 042 Primary Registration District No. 1000 STATE FILE NUMBER 582 Registrar's No. 582

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crawford Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Dearborn (Rural) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. N.W. Dearborn		Length of stay in lb 0110	d. STREET ADDRESS 3 mi. N.W. Dearborn Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES HUGH COLLIER			4. DATE OF DEATH Month Day Year May 22, 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1873	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Platte County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Collier	13b. MOTHER'S MAIDEN NAME Margaret Fulton	14. NAME OF HUSBAND OR WIFE Sally Abbott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Hugh Collier Address Dearborn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Complications, Senile Dementia Interval between onset and death 4 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocarditis 2 years
	DUE TO (c) Arteriosclerosis 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 304X	

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED 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
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21. I attended the deceased from Mar. 14, 1959 to May 11, 1959 and last saw her/him attended in absentia Death occurred at 2:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Louis C. Calvert M.D. (Do not write in title)	22b. ADDRESS Weston, Missouri	22c. DATE SIGNED 5/24/59
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23a. BURIAL, CREMATION, or other final disposition Burial	23b. DATE May 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Camp Ground Cemetery	23d. LOCATION (City, town, or county) (State) DeKalb Missouri
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24. FUNERAL DIRECTOR Vaughn-Aufranc	ADDRESS Dearborn, Mo.	25. DATE RECD. BY LOCAL REG. June 4, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Standell
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All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
 MEDICAL CERTIFICATION  
 Dr. Lewis C. Calvert

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 W. P. Vaughn .....

Licensed Embalmer No. 4023 .....  
P. O. Address Weston .....

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.