

Dept. Health,
oc. & Welfare
J. S. Public
Health Service

V. S. 300
Rev. 1-57

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-016183
STATE FILE NUMBER

FILED VS MAY 10 1960

Registration District No. 210 Primary Registration District No. 4321 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mercer		c. CITY OR TOWN Mercer 0650,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Red Manchester Home		d. STREET ADDRESS (If outside, give location) Marian Twp.	
Length of stay in 1b 911 Day		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Dale Collier			4. DATE OF DEATH Month Day Year Apr. 26, 1960
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 4, 1907
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Sheridan Collier	13b. MOTHER'S MAIDEN NAME Rose Ella Wilson
14. NAME OF HUSBAND OR WIFE Glendoris Collier		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 488-22-5319
17. INFORMANT Glendoris Collier		Address Mercer Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Homicide by Firearms			INTERVAL BETWEEN ONSET AND DEATH imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Wound through head			
DUE TO (c) 981X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} him alive on _____ Death occurred at about 1:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Byron I. Ayteff D.O. acting coroner 3		22b. ADDRESS Princeton, Mo.	
22c. DATE SIGNED 5-3-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Middlepoint Cemetery	23d. LOCATION (City, town, or county) (State) Mercer County, Mo.
24. FUNERAL DIRECTOR Ames Greenlee		ADDRESS Lineville Iowa.	25. DATE RECD. BY LOCAL REG. 5-3-60
		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAY 11 1960

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 L. Swales

Licensed Embalmer No. *3967*

P. O. Address *Luverville, Va.*

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.