

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1947
Registration District No. 360

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3721
Registrar's No. 1

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nevada Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Lucy LaTona Collier
(b) If veteran, name war
(c) Social Security No. None

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen C. Collier
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 2 1874
(Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 30
If less than one day hr. min.

9. Birthplace Gates Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Homekeeper

11. Industry or business
12. Name Thomas J. Wilson
13. Birthplace Henry Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Gilliland
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. T. Moore
(b) Address Nevada mo.

17. (a) Burial (b) Date thereof Jan 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Funeral Home, Nevada, Mo.

18. (a) Signature of funeral director Raymond L. ...
(b) Address Nevada mo.

19. (a) 1-10-47 (b) Kathryn Jancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. No. 1 R.F.D.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1947 hour 11:45 minute A M.
21. I hereby certify that I attended the deceased from Dec 30
1946 to Jan 1 1947
that I last saw her alive on JAN 1947
and that death occurred on the date and hour stated above.

Immediate cause of death INFARCTION ANTERIOR CORONARY

Due to Coronary Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? none (Specify type of place) (e) Means of injury none
23. Signature [Signature] (M. D. or other)
Address Nevada Mo Date signed 3 Jan 47

Duration 3 DAYS
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12-46-234
234
234

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Allen E. Hays

Licensed Embalmer No. *1768*

P. O. Address *Nevada Mo.*

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.