V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18528

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 182

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs. 7 mos. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94

(c) City or town Kennett 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LOTTIE MAY COLLESTER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert Lee Collester

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 12, (Day) 1904 (Year)

8. AGE: Years 42 Months 11 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pink Gettlen
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Lottie May
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington, Missouri

19. (a) 5-23-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct. 12, 1935, 19__, to May 12, 1947, 19__; that I last saw her alive on May 12, 1947, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Epileptic Deterioration	25 yrs.
Major findings: Of operations 93 P	
Of autopsy Chr. Myocarditis	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Emmett L. Hocker (M. D. or other)
Address Farmington - Mo Date signed 5/16/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 547-756

Date Filed 5-26-47

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.

not embalmed

Signed C H Cozea

Licensed Embalmer No. 4084

P. O. Address Farmington 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.