

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33251

BIRTH NO. 6 REG. DIST. NO. 677 PRIMARY REG. DIST. NO. 5210 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, Rural		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.W. Tina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, Missouri, Rural	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) May c. (Last) Colliver		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17th 1949	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2nd, 1884
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Carroll County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME N. H. Broyles		13b. MOTHER'S MAIDEN NAME Mate Riley	14. NAME OF HUSBAND OR WIFE Ed Colliver,
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'S SIGNATURE OR NAME Kelly Colliver Tina, Missouri.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES DUE TO (a) arteriosclerosis DUE TO (b) hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stokes Mound Carroll Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 17 Oct, 1949 , to 17 Oct, 1949 , that I last saw the deceased alive on 17 Oct, 1949 and that death occurred at 1:35 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Errol Warren Allen II MD		23b. ADDRESS Tina, Mo	23c. DATE SIGNED 18 Oct 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/19/1949	24c. NAME OF CEMETERY OR CREMATORY Coloma	24d. LOCATION (City, town, or county) (State) Tina Missouri
DATE REC'D BY LOCAL REG. Oct. 19, 1949	REGISTRAR'S SIGNATURE Mrs. Reb. Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin	
		ADDRESS Tina, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 28

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-28-49

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 _____
Student Embalmer

Signed

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Texas, Missouri

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.