

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

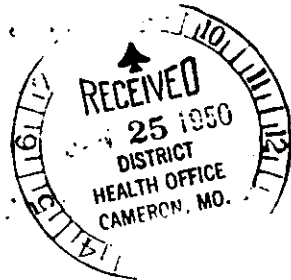
State File No. 662

0320

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5375 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>De Kalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>De Kalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santa Rosa, RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santa Rosa RURAL</u>	
c. LENGTH OF STAY (in this place) <u>79 Yrs.</u>		0320	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HONE Santa Rosa Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Mile West,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harce</u> b. (Middle) <u>H.</u> c. (Last) <u>Collier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 10 50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1968</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>George Collier</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Flood</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Collier Pattonsburg, Mo</u>			
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) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Fracture of left femur from fall in ramp.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Arthritis</u> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>14 days</u> <u>29040</u> <u>20</u> <u>10 yrs</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>own home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>rural-Santa Rosa De Kalb Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 27 49 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Fell in bedroom</u> 32	
22. I hereby certify that I attended the deceased from <u>Dec 28, 1949</u> , to <u>Jan 10, 1950</u> , that I last saw the deceased alive on <u>Jan 10, 1950</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Gerald Fowler D.O.</u>		23b. ADDRESS <u>Mayville Mo</u>	23c. DATE SIGNED <u>1-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	24d. LOCATION (City, town, or county) (State) <u>Mayville Mo</u>
DATE REC'D BY LOCAL REG. <u>1-12-50</u>	REGISTRAR'S SIGNATURE <u>Renee Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>	ADDRESS <u>Mayville Mo</u>

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



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.

Signed.....

John Brown

Signed.....

Student Embalmer

Licensed Embalmer No. 3933

P. O. Address Mayville, 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.