

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8773

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) 2 M		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WILLIAMSPORT		8130 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARRYARD HOME 4380 MARYLAND				d. STREET ADDRESS (If rural, give location) 120 MC CLAFAIN			
3. NAME OF DECEASED (Type or Print) JOSEPHINE		a. (First)		b. (Middle)		c. (Last) COLLYER	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH DEC 25-1875	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		9. DATE OF DEATH OCT 15-1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IND		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN A BRUNSON		13b. MOTHER'S MAIDEN NAME ADA - UK		14. NAME OF HUSBAND OR WIFE ALYAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Pramus 5402C N B AVE			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, generalized years DUE TO (c) Rheumatoid arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 mon.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from Sept. 1950 , to OCT 15, 1950 , that I last saw the deceased alive on OCT 15, 1950 , and that death occurred at 3:50 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Max J. Franklin (Degree or title) M.D.				23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 10/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG 16 1950		24c. NAME OF CEMETERY OR CREMATORY WILLIAMSPORT		24d. LOCATION (City, town, or county) (State) IND	
DATE REC'D BY LOCAL REG. OCT 17 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen Kelly 4386 Lindell			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.