No. 300
10-48

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38164

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: MONITEAU COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen Deliv Calif Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Walker 0652
d. STREET ADDRESS (If rural, give location): Rural, Walker

3. NAME OF DECEASED (Type or Print)
a. (First): ETTIE b. (Middle): LENORA c. (Last): McCOLLESTER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 22, 1951

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JULY 7, 1870
9. AGE (In years last birthday): 81 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

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): Moniteau County
12. CITIZEN OF WHAT COUNTRY?: U.S.A?

13a. FATHER'S NAME: JACOB ANSELL
13b. MOTHER'S MAIDEN NAME: MARGRET FOILES
14. NAME OF HUSBAND OR WIFE: GEORGE McCOLLESTER

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.: no
17. INFORMANT'S SIGNATURE OR NAME: MARY McCOLLESTER **ADDRESS**: CALIFORNIA, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchitis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Senile Emphysema
DUE TO (c)

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: 5020
20. AUTOPSY? YES ☐ NO ☑

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): Moniteau Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-26, 1950, *to* 11-22, 1951, *that I last saw the deceased alive on* 11-22, 1951, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R B Fulks (Degree or title) MD
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/24/51
24c. NAME OF CEMETERY OR CREMATORY: CALIFORNIA CITY CEMETRY
24d. LOCATION (City, town, or county) (State): CALIFORNIA, MONITEAU

DATE REC'D BY LOCAL REG.: 11-24-51
REGISTRAR'S SIGNATURE: H R Popejoy L.R.O.
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 4 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed DEC 4 1951

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

working under my personal supervision.

Student Embalmer No.

Signed H. E. Friedmeyer

Signed
Student Embalmer

Licensed Embalmer No. 9854

P. O. Address California

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

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