

3. No. 300
 10. APR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13446
 Registrar's No. 33

541

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Higginsville 0541</u>		d. STREET ADDRESS <u>0</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caleb</u> b. (Middle) <u>Marion</u> c. (Last) <u>Colliers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 52</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-1-1889</u>		9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR <u>9</u> Months <u>18</u> Days	11. UNDER 12 HRS. <u></u> Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (State or foreign country) <u>Grand Pass, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Colliers</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Head Paul</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Esma Hayers Colliers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u>493-12-641</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esma Hayers Colliers</u> ADDRESS <u>Higginsville</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>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>4-19, 1952</u> , to <u>4-19, 1952</u> , that I last saw the deceased alive on <u>4-19, 1952</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Bunnagan M.D.</u> (Degree or title)				23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>4-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr 24-1952</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy J. Wagner</u> ADDRESS <u>Higginsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Roy G. Wiegner

Licensed Embalmer No. ~~777~~ 2883

P. O. Address *Higginville 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.