

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **2199**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntington, Missouri</u>		<u>8870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Ralls County Mo. Residence</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Appie</u> b. (Middle) <u>Colliver</u> c. (Last) <u>Colliver</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1953</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-16-1888</u>		9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Limuel Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Claude Colliver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Claude Colliver Huntington, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Arteriosclerotic heart disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>18 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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) (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>12-30-52, 19</u> , to <u>1-16-53, 19</u> , that I last saw the deceased alive on <u>1-16-53, 19</u> , and that death occurred at <u>10:00 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>1-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aerial Cemetery</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <u>1-29-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>			

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

RECEIVED FEB 2 1953  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 2 1953

OCT 6 1955

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 Clyde Wilkey  
Licensed Embalmer No. 3826

P. O. Address Perry, 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.