

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

891

State File No.

FILED APR 5 1954
BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. CITY OR TOWN <u>Mountain Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>1141</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>200 Jefferson Str</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Robertson</u>	c. (Last) <u>Collier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1954</u>
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5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 30, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commissioner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Public Service</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur F. Collier</u>	13b. MOTHER'S MAIDEN NAME <u>Gora Roberson</u>	14. NAME OF MARRIAGE WIFE <u>Mary Collier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Collier</u>	ADDRESS <u>Mountain Grove, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>As Cole bo borrower</u>
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22. I hereby certify that I attended the deceased from 3-29-54 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Bruce</u>	(Degree or title)	23b. ADDRESS <u>234 Madison Jefferson City, Mo.</u>	23c. DATE SIGNED <u>3-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain Grove, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 30-54</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-GR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J. C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1956

JUL 1 1956

APR 12

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 432

Licensed Embalmer No. 432

P. O. Address Jefferson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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