

FILED JAN 30 1954  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26469

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ANCELL</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u>	b. (Middle) <u>ALFRED</u>	c. (Last) <u>COLLIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 20 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>OCT 17, 1911</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONTRACTOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE MOVING</u>	11. BIRTHPLACE (State or foreign country) <u>OLIVE BRANCH, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E. K. Collier</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Knapp</u>	14. NAME OF HUSBAND OR WIFE <u>GOLDIABRANT COLLIER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>360-03-8253</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alfred Collier</u>	ADDRESS <u>Anzell, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Peptic Ulceration</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>duodenal ulceration</u> DUE TO (c) <u>5410</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pathy infiltration of Liver</u>			

19a. DATE OF OPERATION <u>8/16/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Perforation posterior duodenal capc retroperitoneal abscess</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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/16 <sup>1954</sup>, to 8/20, 1954, that I last saw the deceased alive on 8/20, 1954, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Byron B. Jay, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Wornfelt, Mo.</u>	23c. DATE SIGNED <u>8/21/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-23-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Displing Hoff</u>	ADDRESS <u>Funeral Home Illmo, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1957

AUG 30 1954

**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 Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.