

FILED MAR. 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5549

State File No.

BIRTH NO. 3228-55 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>MARION</u> <u>7</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY OR TOWN <u>HANNIBAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1018 ROCK ST</u>		e. STREET ADDRESS (If rural, give location) <u>1018 ROCK ST</u> <u>0676</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TERAN</u> b. (Middle) <u>LAMAR</u> c. (Last) <u>COLLIER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 6 - 55</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>2 Negro.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>JAN. 9 - 1955</u>	9. AGE (In years last birthday) <u>1</u>	# UNDER 1 YEAR Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL, MO</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>JAMES COLLIER</u>	13b. MOTHER'S MAIDEN NAME <u>VIRGINIA HOWARD</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES COLLIER, 1018 ROCK ST</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary passive congestion</u>		<u>3 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Dehydration</u>		<u>3 days</u>
	DUE TO (c) <u>Pneumonia</u>		<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>493X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>pulmonary passive congestion (Autopsy)</u>	20. AUTOPSY? YES <input checked="" 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)	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 2 Feb 6, 1955, to Feb. 6, 1955, that I last saw the deceased alive on Feb. 6, 1955, and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Lantella M. D.</u> (Degree or title)	23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	23c. DATE SIGNED <u>2-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 8 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROBINSON</u>
24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO</u>		

DATE REC'D BY LOCAL REG. <u>2-23-55</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Duke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo E Roberts Han.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1955

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

FEB 28 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.....
Signature of Student Embalmer

Signed *Geo E Roberts*

Licensed Embalmer No. 2113

P. O. Address Hannibal

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.