

FILED JAN 16 1956

STANDARD CERTIFICATE OF DEATH

1708
State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 2

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>DE SOTO</u> | | c. CITY OR TOWN <u>DE SOTO</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) <u>YRS</u> | | e. STREET ADDRESS (If rural, give location) <u>811 KENNETH ST</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>811 Kenneth St</u> | | | |

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|--|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>C.</u> c. (Last) <u>COLLIER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 8 1956</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>NEGRO</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>May 25 1871</u> | | 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vincennes, MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|---------------------------------------|--|---|--|
| 13a. FATHER'S NAME <u>RICHARD COLLIER</u> | | 13b. MOTHER'S MAIDEN NAME <u>COLE</u> | | 14. NAME OF HUSBAND OR WIFE <u>ELLA COLLIER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, enter unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELLA COLLIER 811 Kenneth De Soto, MO</u> | |

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|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Decompensation</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | <u>12 hours</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Failure of the heart</u> | | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) | | 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 Aug. 1953, to Jan 8, 1956, that I last saw the deceased alive on Jan 1, 1956 and that death occurred at 6:00 AM, from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <u>Chas. E. Over</u> (Degree or title) <u>Dr.</u> | | 23b. ADDRESS <u>De Soto, Mo.</u> | | 23c. DATE SIGNED <u>1/9/56</u> | |
|--|--|----------------------------------|--|--------------------------------|--|

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|---|--|---|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>JAN 11, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>De Soto Jeff MO</u> | |
| DATE REC'D BY LOCAL REG. <u>1-10-56</u> | | REGISTRAR'S SIGNATURE <u>Marie Harris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN Funeral Home</u> | | ADDRESS <u>De Soto, MO</u> | |

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

Swens

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 19 1962

DATE RECEIVED

JAN 14 1956

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 *Gerald J. Mahan*.....

Licensed Embalmer No. *497*.....

P. O. Address *Peoria, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.