

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5476

State File No. ....

FILED FEB 29 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 56272 Registrar's No. 23

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dove, ELDRIDGE-TS</u>		c. LENGTH OF STAY (In this place) <u>5 wks.</u>	c. CITY OR TOWN <u>Waynesville, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Long's Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada.</u> b. (Middle) <u>Belle</u> c. (Last) <u>Collier.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 14 1956</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE: <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never Married.</u>	8. DATE OF BIRTH <u>Oct. 11, 1904</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John O. Collier.</u>	13b. MOTHER'S MAIDEN NAME <u>Roberta Elms.</u>	14. NAME OF HUSBAND OR WIFE <u>None.</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>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Collier</u> ADDRESS <u>Waynesville, Mo.</u>
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial tumor</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 yrs.</u>
	ANTECEDENT CAUSES Morbid 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	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)
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?

22. I hereby certify that I attended the deceased from 2-12, 1956, to 2-14, 1956, that I last saw the deceased alive on 2-14, 1956, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Carrington, M.D.</u>	23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>2-14-1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-16-1956</u>	REGISTRAR'S SIGNATURE <u>Belle L. Day</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hedges Richland</u> ADDRESS <u>Waynesville, Mo</u>
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MAR 1 1956

Received 9-27-56  
Laclede County Health Unit  
File No. 23  
Date Filed 9-28-56

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 T. C. Craig

Licensed Embalmer No. 474

P. O. Address Chickering

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.