

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046977

STATE FILE NUMBER

REG. NO. 13 JAN 13 1959

Registration District No.

360

Primary Registration District No.

3076

Registrar's No. 249

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada</u> <u>10920</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>605 No. Clay</u>		Length of stay in lb <u>3 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>605 No. Clay</u>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>A.</u> Last <u>Collier</u>		4. DATE OF DEATH Month <u>12</u> Day <u>31</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-25-1879</u>
9. AGE (In years, day, month, year) <u>79</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
<u>Retired Railroad worker</u>		<u> </u>	<u>Saligman, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Charles M. Collier</u>	
14. MOTHER'S MAIDEN NAME <u>Grace L. Collier</u>		15. NAME OF HUSBAND OR WIFE <u>Robert A. Collier</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Mrs. R. A. Collier</u>		Address <u>Nevada, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute cardiac decompensation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis and uremia</u>			<u>4 yrs.</u>
DUE TO (c) <u>Chronic interstitial nephritis</u>			<u>4 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Complete obliteration & urethra cystotomy drainage</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>592X</u>	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
20e. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>April 29, 1953</u> to <u>Dec. 31, 1958</u> and last saw <u>him</u> alive on <u>Dec. 31, 1958</u> Death occurred at <u>Nevada, Missouri</u> <u>6:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u> </u>		22b. ADDRESS <u>Moore Bldg., Nevada, Mo.</u>	
22c. DATE SIGNED <u>1/2/1959</u>		23. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/3/1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
24. FUNERAL DIRECTOR <u>Eichinger Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-1959</u>	
ADDRESS <u>Nevada, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Arnal & Ferry</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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FEB 17 1959

MS MAR 20 1959 SA

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 *Percy F. Melister*

Licensed Embalmer No. *4805*

P. O. Address *Nevada, 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.