

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009918

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 155 Primary Registration District No. 5577 Registrar's No. 57

300
-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside city limits, give TOWNSHIP only) OR TOWN Rt 1 Asbury, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Asbury, Mo. Rt 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Webb City, Mo		Length of stay in lb 65 Yrs	d. STREET ADDRESS (If outside, give location) 16 Miles N.W. of Webb City Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle Newton Last Collier			4. DATE OF DEATH Month April Day 7, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26, 1888	9. AGE (In years last birthday) 71 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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Chillicothe Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Collier		13b. MOTHER'S MAIDEN NAME No Data	
14. NAME OF HUSBAND OR WIFE Lora Collier		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. 509-40-1579	
17. INFORMANT Mrs. Lora Collier		Address Rt 1 Asbury Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolism DUE TO (b) Chronic Passive Congestion DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Congestive Cardiac Failure; (Digitalized) 1 yr.	
INTERVAL BETWEEN ONSET AND DEATH 5 min.		5 yrs.		6 yrs.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from March 16-1959 to April 5-59 and last saw her alive on April 5, 1959 Death occurred at 10:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Munroe Kneeland, D.O.		(Degree or title)		22b. ADDRESS Liberal, Mo.	
22c. DATE SIGNED 5-9-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 10/1959	
23c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		23d. LOCATION (City, town, or county) Nashville, Missouri		(State)	
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Mortuary		ADDRESS Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 4-10-59	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Munroe Kneeland, D.O.
All diseases in Part I must be causally related.

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 Lawrence E. Amice _____

Licensed Embalmer No. 4463
P. O. Address West City

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.