

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000479

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

<b>FILED JAN 29 1963</b>	
1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>DUNKLIN</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>	Length of stay in 1b <b>30 Min:</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOCTORS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>409 E. FRANCIS</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARCUS FARRELL COLLIER</b>	
4. DATE OF DEATH Month Day Year <b>JAN 15 1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-13-63</b>
9. AGE (last birthday) <b>0</b>	
IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>0 0 0 0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>
11. BIRTHPLACE (City and state or country) <b>MALDEN, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MARCUS COLLIER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY I. GLOVER</b>
14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of serv) <b>NO NO</b>	
16. SOCIAL SECURITY NO. [ ]	
17. INFORMANT Address <b>MARCUS COLLIER, MALDEN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Distress Syndrome 2 Da of New Born</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [ ] DUE TO (c) [ ]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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 <b>Jan. 15, 1963</b> to <b>Jan. 15, 1963</b> and last saw her alive on <b>Jan. 15, 1963</b> Death occurred at <b>11:15 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Arthur P. Parker Jr. M.D.</i>	22b. ADDRESS <b>Poplar Bluff, Mo.</b>
22c. DATE SIGNED <b>1/22/63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-16-63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
23d. LOCATION (City, town, or county) <b>MALDEN, MO.</b>	
24. FUNERAL DIRECTOR <b>DAY&amp;KNIGHT F.S. MALDEN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>1-25-1963</b>
26. REGISTRAR'S SIGNATURE <i>Thomas Graham</i>	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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**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 J. J. Deenan

Licensed Embalmer No. 4086

P. O. Address Malden

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.

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