

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40491
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Seligman	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hosp		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle R. (DOSS) Last COLLIER		4. DATE OF DEATH Month DEC. Day 3, Year 1956	
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 Sept. 11, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill	
13. FATHER'S NAME Thomas D. Collier		14. MOTHER'S MAIDEN NAME Elizabeth Sons	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Ova Collier-Seligman, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Rt.			INTERVAL BETWEEN ONSET AND DEATH 6-8 hrs.
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)			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. _____			
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 _____ to Dec 3, '56 and last saw her alive on Dec 3, '56 Death occurred at 12 40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert P. Doolley M.D.		22b. ADDRESS Monett, Mo.	22c. DATE SIGNED Dec 6, '56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-5-1956	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	23d. LOCATION (City, town, or county) (State) Seligman, Missouri
24. FUNERAL DIRECTOR Culver's Funeral Home-Cassville	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-7-56	26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard non-removable forms. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

caused by injury
MEDICAL CERTIFICATION

5/3
6

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1256-205

DATE REC. 12-17-56

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 Margaret C. Henbest

Licensed Embalmer No. 43

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Embalmment 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.