

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

9164

FILED MAR 25 1952

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>258</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA, MO.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA FLORENCE</u> b. (Middle) <u>MCCOLLESTER</u> c. (Last) <u>MCCOLLESTER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17, 1952</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>JAN. 16, 1865</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>MONITEAU</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMEN FRANKLIN MCCOLLESTER</u>				13b. MOTHER'S MAIDEN NAME <u>ELIZABETH NORMAN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY MCCOLLESTER, CALIFORNIA, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4221</u>			
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:19 PM</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>Aug 2, 1949</u> , to <u>March 17, 1952</u> ; that I last saw the deceased alive on <u>March 16, 1952</u> , and that death occurred at <u>8:49</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenneth Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>2-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MONITEAU, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-19-52</u>		REGISTRAR'S SIGNATURE <u>L.R. Pope</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME, CALIFORNIA, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
10. 48

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Hugh E. Kellin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3537*

P. O. Address *California M*

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 this body is not embalmed, fact should be so stated above.