

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23975

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2682 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH SALEM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH SALEM</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street no</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HOME IN NORTH SALEM</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>J</u> c. (Last) <u>McCollum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 25, 1860</u>
9. AGE (In years last birthday) <u>89</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auctioneer Schoolteacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELLING + TEACHING</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Stephen McCollum</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bolin</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie McCollum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Martha Taylor</u>		ADDRESS <u>Browning 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT 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>July 25, 1950</u> , to <u>July 25, 1950</u> , that I last saw the deceased alive on <u>July 25, 1950</u> ; and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Reph W. Robinson, M.D.</u> (Degree or title)		23b. ADDRESS <u>211 Basin Street</u>	
23c. DATE SIGNED <u>7/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>		24b. DATE <u>July 28, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NORTH SALEM</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Elva Crookshank</u> ADDRESS <u>1166</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Blennie E. Kent</u>		ADDRESS <u>South Green City, Mo.</u>	

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

0580

RECEIVED AUG 7 1950
District Health Officer No. 10
District File Number 8-18-1285
Date Filed AUG 14 1950

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 _____
Student Embalmer

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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 this body is not embalmed, fact should be so stated above.