

FILED OCT 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30995

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>345</u>					
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		<u>058</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>222 West Sedgwick St</u>				d. STREET ADDRESS (If rural, give location) <u>222 West Sedgwick St</u>							
3. NAME OF DECEASED (Type or Print) <u>DORA ALICE McCOLLUM</u>			a. (First)		b. (Middle)		c. (Last)				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 11, 1870</u>		9. AGE (In years last birthday) <u>80</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>New Boston, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>Pendleton Richardson</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Knifong</u>			14. NAME OF HUSBAND OR WIFE <u>William J. 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Roy L. McCollum, Brookfield, Mo.</u>				ADDRESS			
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 Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>General Arterio-Sclerosis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>6 yr.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4500</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)		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>Sept. 20, 1950</u> , to <u>Sept. 24, 1950</u> , that I last saw the deceased alive on <u>Sept. 19, 1950</u> , and that death occurred at <u>5 a.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Roy L. McCollum</u>					23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>Sept. 26, 1950</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nester Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>9-26-50</u>		REGISTRAR'S SIGNATURE <u>H. B. Erwin</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home, Brookfield, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 2 1950
DISTRICT HEALTH OFFICE #
District File Number 10-52
Date Filed: OCT 3 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Harold B. Wright*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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.