

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36306**

FILED DEC 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5067</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal Central</u> c. LENGTH OF STAY (in this place) <u>54 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R #1 - Liberal</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u> d. STREET ADDRESS (If rural, give location) <u>R 1 - Liberal</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u> b. (Middle) _____ c. (Last) <u>McColm</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>Jan. 6, 1897</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months Days Hours Min.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph W. Curless</u>		13b. MOTHER'S MAIDEN NAME <u>Loella Bunton</u>		14. NAME OF HUSBAND OR WIFE <u>Harley McColm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harley McColm Liberal, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u> ANTECEDENT CAUSES <u>Cancer of breast</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>? 170X</u>				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.) <u>No injury</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>1/25</u> , 19 <u>51</u> , to <u>5/6/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6/6</u> , 19 <u>51</u> , and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. R. Edelson M.D.</u>				23b. ADDRESS <u>Liberal Mo.</u>		23c. DATE SIGNED <u>11/27/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal City</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV 28 1951</u>		REGISTRAR'S SIGNATURE <u>Marie Korantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. M. Berky Mulberry, Kans.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 3 1951

Dist. File 12-31-3009

Date Filed 12-3-51

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.....
Student Embalmer

Signed J. M. Benker

Licensed Embalmer No. 3336

P. O. Address Mulberry Knave

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.