

STANDARD CERTIFICATE OF DEATH

State File No. **42564**

FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **88**

860

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

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, write RURAL and give township) UNIONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) "RURAL" ELM TOWNSHIP	
c. LENGTH OF STAY (in this place) 3 MONTHS		d. STREET ADDRESS (If rural, give location) STAHL, MISSOURI R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION [REDACTED]			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) F. c. (Last) GILLUM			4. DATE OF DEATH DECEMBER 17, 1951 (Month) (Day) (Year)		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 10, 1875		9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	
11. BIRTHPLACE (State or foreign country) SULLIVAN COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	

13a. FATHER'S NAME JAMES HUNT		13b. MOTHER'S MAIDEN NAME MARY WYNN		14. NAME OF HUSBAND OR WIFE GEORGE W. GILLUM	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS. GLADYS GILLUM UNIONVILLE, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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 **June 19, 1947**, to **Dec. 17, 1951**, that I last saw the deceased alive on **Dec. 16, 1951**, and that death occurred at **4:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) L. W. McDonald Jr.		23b. ADDRESS Unionville Mo		23c. DATE SIGNED 12-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/20/51		24c. NAME OF CEMETERY OR CREMATORY LEDFORD CEMETERY	
24d. LOCATION (City, town, or county) (State) PUTNAM COUNTY, MISSOURI					

DATE REC'D BY LOCAL REG. 12-31-51		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE BY John A. Comstock	
		ADDRESS 266		ADDRESS UNIONVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 3 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52-237
Date Filed: JAN 5 1952

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 *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville 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.