

STANDARD CERTIFICATE OF DEATH

1937

State File No.

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5686 Registrar's No. 3

580
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Binn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Binn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	
c. LENGTH OF STAY (In this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>211 S. Baldwin St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Binn Co Rest Home</u>			

3. NAME OF DECEASED (Type or Print) <u>RUTHERFORD</u> — <u>McCollum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan</u> — <u>18</u> — <u>1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar-4-1877</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>74</u> <u>10</u> <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Catherine Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	

13a. FATHER'S NAME <u>Samuel McCollum</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Ethier McCollum</u>	
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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>Ethier McCollum</u>		ADDRESS <u>Brookfield Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - Popliteal</u>		ANTECEDENT CAUSES <u>General Arteriosclerosis</u>				<u>3 mo.</u>	
		DUE TO (b)				<u>5-7 mo.</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 17, 1952 to Jan 18, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Boyd R. Haley, M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>Jan. 19, 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 22 - 52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Bessie Kelley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Backlock</u>		ADDRESS <u>Brookfield Mo.</u>	
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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

J. H. Blacklock

Signed.....

Student Embalmer

Licensed Embalmer No. *2246*

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.