

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25059**

FILED JUL 17 1952

BIRTH NO.		REG. DIST. NO. 000		PRIMARY REG. DIST. NO. 5725		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY MAcon 6619				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Adair 0013			
b. CITY (If outside corporate limits, write RURAL and give township) State - Hildreth Hudson		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Kirkville 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Hill Hildreth SANA.				d. STREET ADDRESS (If rural, give location) 1023 E. Wash.			
3. NAME OF DECEASED (Type or Print)		a. (First) HENRY		b. (Middle) M.		c. (Last) McCollum	
4. DATE OF DEATH (Month) (Day) (Year) June 21 - 52		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2-11-1880		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME (Adopted) Dave McCollum		13b. MOTHER'S MAIDEN NAME Josephine		14. NAME OF HUSBAND OR WIFE Anna Minor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Henry M. McCollum, Kirkville, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure				1 hour.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4. 2. 2. 2.				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-28, 1952 , to 6-21, 1952 , that I last saw the deceased alive on 6-21, 1952 , and that death occurred at 9:59 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank H. Coffin, D.O.				23b. ADDRESS SHOS - Macon, Mo		23c. DATE SIGNED 6-21-52	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE June 24, 52		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem. Kirkville, Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 7/7/52		REGISTRAR'S SIGNATURE Walter McNeely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wendell Davis - Kirkville			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.14.02
MACON COUNTY HEALTH DEPARTMENT
County File No. 7.52.112
Date Filed 7.16.02

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 _____

Donald L Roberts

Licensed Embalmer No. 4722

P. O. Address _____

Kennewick 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.