

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21377**
164

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5487** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jefferson Twp.		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jefferson Twp.		d. STREET ADDRESS (If rural, give location) 0410
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) ALVA b. (Middle) EDWIN c. (Last) McCOLLUM			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1879	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John McCollum		13b. MOTHER'S MAIDEN NAME Elmaretta Jeffries	14. NAME OF HUSBAND OR WIFE Nettie McCollum		
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 ADDRESS Nettie McCollum, Bethany, 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 3 Mos	
	ANTECEDENT CAUSES Morbid 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 151x			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) (m.)	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 April 1, 1953 , to June 14, 1953 , that I last saw the deceased alive on June 7, 1953 , and that death occurred at 11 am m., from the causes and on the date stated above.					
23a. SIGNATURE S. J. Reed D.O. (Degree or title)		23b. ADDRESS Bethany Mo		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/16/53	24c. NAME OF CEMETERY OR CREMATORY Morris Chapel Cem.	24d. LOCATION (City, town, or county) (State) Harrison County, Mo.		
DATE REC'D BY LOCAL REG. 6/15/53	REGISTRAR'S SIGNATURE Zola Burris	FURNERAL DIRECTOR'S SIGNATURE Clark L. Touch	ADDRESS Bethany, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Clark L. South

Licensed Embalmer No. 4831

P. O. Address: Bellamy, 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.