

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35970

4970

BIRTH NO. ....		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. ....
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>33 years</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4934 Wyoming Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>N E A L</u>		b. (Middle) <u>O.</u>	c. (Last) <u>M c C O L L U M</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1888</u>	9. AGE (in years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Emersonville, Missouri</u>	
13a. FATHER'S NAME <u>William McCollum</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Richter</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth O. McCollum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth O. McCollum, 4934 Wyoming, K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Sclerosis and insufficiency</u>		<u>1 year</u>
		DUE TO (c) <u>Congestive Heart Failure</u>		<u>6 mos.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ventricular Fibrillation - Terminal</u>		<u>5 min.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<u>4201</u>
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 <u>Aug. 1, 1953</u> , to <u>Oct. 16, 1953</u> , that I last saw the deceased alive on <u>Oct. 15, 1953</u> and that death occurred at <u>12:45 A.M.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>Graham Asher</u> (Degree or title) <u>Graham Asher M.D.</u>		23b. ADDRESS <u>1220 Argonne</u> <u>Kansas City 6, Mo.</u>	23c. DATE SIGNED <u>10-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-16-53</u>	REGISTRAR'S SIGNATURE <u>Shelding Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY &amp; CHAPEL, K.C., Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Grading of Tennessee within 5

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.....  
Signature of Student Embalmer

Signed *Raymond Barnes*.....

Licensed Embalmer No. 4793

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.