

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2433

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 2

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>   |  |
| c. LENGTH OF STAY (in this place) <u>10 yrs.</u>   |  | d. STREET ADDRESS (If rural, give location) <u>463 N. College</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>463 N. College</u>                                |  |  |  |

|                                     |                        |                              |                             |   |
|-------------------------------------|------------------------|------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MARY</u> | b. (Middle) <u>ELIZABETH</u> | c. (Last) <u>McCOLLOUGH</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1954</u> |
|-------------------------------------|------------------------|------------------------------|-----------------------------|---|

|                      |                               |   |   |   |                       |                     |                      |                     |
|----------------------|-------------------------------|---|---|---|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>August 16, 1867</u> | 9. AGE (In years last birthday) <u>86</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 HRS. Hours | # UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---|---|---|-----------------------|---------------------|----------------------|---------------------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Household duties</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Knoxville, Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

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| 13a. FATHER'S NAME <u>Fred Hickman</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mount</u> | 14. NAME OF HUSBAND OR WIFE <u>Daniel McCollough</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>Mrs. Wilbert Cox, Richmond, Mo.</u> | ADDRESS |
|--|-------------------------------------|--|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 yrs</u><br><br><u>3 days</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Uremic Poisoning</u><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | 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) (Min.) | 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 3, 1953, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 6:20p. m., from the causes and on the date stated above.

|  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>M. E. J. Renner M.D.</u> | 23b. ADDRESS <u>Richmond Mo</u> | 23c. DATE SIGNED <u>1/2/54</u> |
|--|---------------------------------|--------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 3, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Polo, Mo.</u> |
|---|------------------------------|---|--|

|  |   |   |                              |
|--|---|---|------------------------------|
| DATE REC'D BY LOCAL REG. <u>Jan 4 - 1954</u> | REGISTRAR'S SIGNATURE <u>Malcol Jackson</u> <u>273-</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u><br>by <u>Levante Thurman</u> | ADDRESS <u>Richmond, Mo.</u> |
|--|---|---|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

Jan 4

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, ~~XXX~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.