

FILED MAY 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16398
Registrar's No. 55

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | |
| c. LENGTH OF STAY (In this place) 16 Yrs. | | d. STREET ADDRESS (If rural, give location) 609 S. Hall St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 609 S. Hall St. | | | |

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|-------------------------------------|------------------|------------------|--------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Sarah | b. (Middle) Alva | c. (Last) McCollum | 4. DATE OF DEATH (Month) (Day) (Year) May 10, 1954 |
|-------------------------------------|------------------|------------------|--------------------|--|

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|---------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|--------------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 19, 1881 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 2 | IF UNDER 24 HRS. Days 21 | Hours | Min. |
|---------------|------------------------|--|--------------------------------|------------------------------------|--------------------------|--------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (State or foreign country) Madison County, Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Wm. Wakefield | 13b. MOTHER'S MAIDEN NAME No Data | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leslie C. Parrish, Enterprise, Kansas |
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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. | 19. MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH f. 15 yrs g. 15 yrs h. 4201 |
| | i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | |
| ANTECEDENT CAUSES | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Generalized atherosclerosis | |
| | | DUE TO (c) Senility | |

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| 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) |
| 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 DID NOT ATTEND, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE R.K. Saylor | (Degree or title) M.D. | 23b. ADDRESS Frisco Building, Joplin, Mo. | 23c. DATE SIGNED 5-12-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 14, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery | 24d. LOCATION (City, town, or county) (State) Oronogo, Mo. |
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| DATE REC'D BY LOCAL REG. 5-13-54 | REGISTRAR'S SIGNATURE Mrs. Madeline Switzer | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Archer-Simpson, Webb City, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1957

RECEIVED MAY 1 / 1954
Jasper County Health Office
County File Number 54-5-370
Date Filed MAY 17 1954

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 Hawley E. Amuse

Licensed Embalmer No. 4463

P. O. Address WPA City 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.