

No. 300  
10. 48

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. R. W. Churchill 16553  
State File No. ....

0582

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>315 S. Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 S. Monroe</u>		e. STREET ADDRESS (If rural, give location) <u>315 S. Monroe</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OTTIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>MCCOLLUM</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>26</u> (Year) <u>1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-8-1890</u>
9. AGE (In years last birthday) <u>63</u>		10. MONTH <u>10</u> DAY <u>18</u> HOUR <u>1</u> MIN. <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St. Catherine Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>John M. Collum</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie T. Carter</u>	
14. NAME OF HUSBAND OR WIFE <u>Hannie M. Collum</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hannie M. Collum</u> ADDRESS <u>Brookfield Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memi</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Multiple metastatic carcinoma</u>	
DUE TO (c) <u>adenocarcinoma of lung</u>			
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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>103X</u>	
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 <u>July 10, 1953</u> , to <u>May 16, 1954</u> , that I last saw the deceased alive on <u>May 16, 1954</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. W. Churchill M.D.</u> (Degree or title)		23b. ADDRESS <u>214 Linn Dushier Mo.</u>	
23c. DATE SIGNED <u>5/27/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem Brookfield Mo</u>	24d. LOCATION (City, town, or county) _____ (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>5-29-54</u>	REGISTRAR'S SIGNATURE <u>Madie Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

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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 J. B. Blacklock

Licensed Embalmer No. 2276

P. O. Address Brookfield 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.