

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28586**

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5988** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Elm Township		c. LENGTH OF STAY (in this place) Life Time	c. CITY OR TOWN "Rural"
d. FULL NAME OF HOSPITAL OR INSTITUTION LLLLLL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) William	c. (Last) Gillum
4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1954		5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 18, 1871
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months 10 Days 20	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Putnam County Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Charles A. Gillum	
13b. MOTHER'S MAIDEN NAME Anjamina Ledford		14. NAME OF HUSBAND OR WIFE Mary F. Gillum	
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 Miss Gladys Gillum R. R. No. 4 Green Castle, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerulonephritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 Months	
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 Sept 19, 1953 , to Sept 8, 1954 , that I last saw the deceased alive on Sept 5, 1954 , and that death occurred at 8:45A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles L. Judd		23b. ADDRESS Unionville Mo	23c. DATE SIGNED 9-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Ledford Cemetery	24d. LOCATION (City, town, or county) (State) Putnam County, Missouri
DATE REC'D BY LOCAL REG. 9-11-54	REGISTRAR'S SIGNATURE Marvella Durbin	25. FUNERAL DIRECTOR'S SIGNATURE Comstock Funeral Home	ADDRESS Bye John H. Comstock Unionville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

2860

Dr. Judd
FILED SEP 15 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.....
Signature of Student Embalmer

Signed *John N Comstock*.....
Licensed Embalmer No. *389*
P. O. Address *Unionville*

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.