No. 300
10-48

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

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3038 State File No. 22800

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. ~~18~~ Registrar's No. 536

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD
c. LENGTH OF STAY (in this place): 12 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 220 W. SEDGWICK ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BROOKFIELD 0582
d. STREET ADDRESS (If rural, give location): 220 W. SEDGWICK 0

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS b. (Middle): McCOLLUM c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 21, 1873
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER-RET
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): LINN CO. MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN McCOLLUM
13b. MOTHER'S MAIDEN NAME: BETTY McCOLLUM
14. NAME OF HUSBAND OR WIFE: LOLA RICHARDSON

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 ADDRESS: MRS. LOLA McCOLLUM, BROOKFIELD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: ABOUT 6 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1561
DUE TO (c):

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 24, 1955, *to* July 23, 1955, *that I last saw the deceased alive on* July 17, 1955, *and that death occurred at* 11:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Potter DO
23b. ADDRESS: Brookfield MO
23c. DATE SIGNED: 7-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-26-55
24c. NAME OF CEMETERY OR CREMATORY: NESTER CHAPEL
24d. LOCATION (City, town, or county) (State): NEW BOSTON, MO.

DATE REC'D BY LOCAL REG.: 7-26-55
REGISTRAR'S SIGNATURE: Walter B. Erwin 167-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

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 Harold B. Wright

Licensed Embalmer No. 3718

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.