

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37489**

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **354**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal	c. LENGTH OF STAY (In this place) D.O.A.	c. CITY OR TOWN Plainville	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		e. STREET ADDRESS (If rural, give location) 8120	

3. NAME OF DECEASED (Type or Print) Floyd Gillum	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) November 21, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 16, 1885	9. AGE (In years last birthday) 70	IF CHOSEN 1 YEAR Months 2	IF CHOSEN 1 MIN. Days 5	11. BIRTHPLACE (City and State or Foreign Country) Barry Illinois	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fisherman; Carpenter		10b. KIND OF BUSINESS OR INDUSTRY						

13a. FATHER'S NAME Douglas Gillum	13b. MOTHER'S MAIDEN NAME Ida Ware	14. NAME OF HUSBAND OR WIFE Bessie Gillum
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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) No	16. SOCIAL SECURITY NO. 349-22-7476	17. INFORMANT'S SIGNATURE OR NAME Howard Gillum, Quincy Illinois	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died without medical attention		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955			

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE H. M. O'Donnell (Degree or title) Coroner	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED 11-23-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/23/55	24c. NAME OF CEMETERY OR CREMATORY Akers Chapel	24d. LOCATION (City, town, or county) (State) Barry Illinois
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DATE REC'D BY LOCAL REG. 11-23-55	REGISTRAR'S SIGNATURE Dr. E. M. Lutz	25. FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith	ADDRESS Barry Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

300
46

RECEIVED NOV-26 1955
MARION CO. HEALTH DEPT.,
DATE FILED NOV 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John S. Ward

Licensed Embalmer No.....454

P. O. Address...Hannibal, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.

Charles J. Ward