

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2167

FILED FEB 14 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>2A1</u>		PRIMARY REG. DIST. NO. <u>4320</u>		Registrar's No. <u>71</u>		
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>				
b. CITY OR TOWN <u>BLEARNONT</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BURKINGTON Jct</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALKER NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>0745</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>E</u> c. (Last) <u>McCOLLUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1956</u>					
5. SEX <u>MC</u> <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 10, 1882</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Days <u>11</u>		IF UNDER 2 HRS. Hours <u>19</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TOWN (UNKNOWN) INDIAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JOHN McCOLLUM</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CLINE</u>		14. NAME OF HUSBAND OR WIFE <u>ADA GRIFFEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ada McCollum</u> ADDRESS <u>BURKINGTON Jct Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral atherosclerosis</u> DUE TO (c) <u>and renal failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Seizure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>?</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Dec 1, 1955</u> , to <u>Jan 19, 1956</u> , that I last saw the deceased alive on <u>Jan 19, 1956</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.								
23. SIGNATURE (Deceased or title) <u>Thomas Ford M.D.</u>				23b. ADDRESS <u>Cairo Mo.</u>		23c. DATE SIGNED <u>Feb 7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ISADORA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHERIDAN MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2-11-56</u>		REGISTRAR'S SIGNATURE <u>Bess Bolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Burl. Jct Mo</u>				

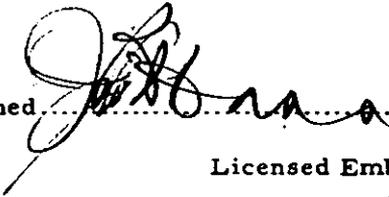
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 18 1958

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 

Licensed Embalmer No. 296

P. O. Address Paul J. J.

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.