

Health,
Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1956

STATE FILE NUMBER 31678
Registrar's No. 131

Registration District No. 278 Primary Registration District No. 3054

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LOUISIANA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 1/2 GEORGIA Length of stay in lb 26 YRS		d. STREET ADDRESS (If outside, give location) 318 1/2 GEORGIA ST. Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HEADLEY GILBERT EALUM First Middle Last			4. DATE OF DEATH SEPT 25, 1956 Month Day Year				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 10, 1887		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10b. KIND OF BUSINESS OR INDUSTRY STOCKS + BONDS		11. BIRTHPLACE (City and state or country) CHAIN OF ROCKS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM DAVID EALUM			14. MOTHER'S MAIDEN NAME ALBERTA CALLOWAY				
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. 490-05-331A		17. INFORMANT OPAL F. EALUM - LOUISIANA, MO Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Martin M.D.	22b. ADDRESS Louisiana MO	22c. DATE SIGNED 9/27/56
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE SEPT 27, 1956	23c. NAME OF CEMETERY OR CREMATORY CRESCENT HEIGHTS	23d. LOCATION (City, town, or county) (State) PLEASANT HILL, ILL
24. FUNERAL DIRECTOR Geo M. Collier ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 27, 1956	26. REGISTRAR'S SIGNATURE Dernee Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

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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.....
Signature of Student Embalmer

Signed.....
Geo. M. Collier

Licensed Embalmer No. *380*
P. O. Address *Louisiana*

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