

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010061  
STATE FILE NUMBER  
944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1332 Jefferson</i>		Length of stay in 1b <i>30 years</i>	d. STREET ADDRESS (If outside, give location) <i>1332 Jefferson</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>LON</i> Middle <i>E.</i> Last <i>McCOLLUM</i>			DATE OF DEATH Month <i>February</i> Day <i>20</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 28, 1894</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>	11. BIRTHPLACE (City and state or country) <i>Sheldon County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Dave McCallum</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret West</i>		13c. NAME OF HUSBAND OR WIFE <i>Margaret McCallum</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>515-14-7119</i>		17. INFORMANT Name <i>Mrs. Margaret McCallum</i> Address <i>1332 Jefferson</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute coronary atherosclerosis</i>					INTERNAL BETWEEN ONSET AND DEATH <i>3 hours</i> <i>6 hrs.</i> <i>4201</i>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <i>Congestive heart failure</i>					
DUE TO (c) <i>Rheumatic arthritis</i>					
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.)		
20c. TIME OF INJURY Hour <i>3:15</i> Month, Day, Year <i>2/20/58</i>					
20d. INJURY OCCURRED WHILE AT WORK <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 <i>1950</i> to <i>2/20/58</i> and last saw her alive on <i>2/20/58</i> Death occurred at <i>3:15 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>E. L. Gehlke</i>			22b. ADDRESS <i>1400 E. 83rd K.C. Mo</i>		22c. DATE SIGNED <i>2/20/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Feb 23, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
24. FUNERAL DIRECTOR <i>Kilker Funeral Home</i> ADDRESS <i>2315 1/2 Wood</i>			25. DATE RECD. BY LOCAL REG. <i>2-21-58</i>		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. L. Gehlke

W. E. J. Seeholzer  
1400 1/2 E. 31st  
W.C. 14632

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 *Chas E. Wilks* .....

Licensed Embalmer No. *2644* .....

P. O. Address *14 E. 31st* .....

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.