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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033428
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) BROOKFIELD — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 221 N. CALDWELL — Length of stay in Hospital 2 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINN
c. CITY OR TOWN BROOKFIELD — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 221 N. CALDWELL — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print) First MARY Middle A. Last McCOLLUM
4. DATE OF DEATH Month SEPT. Day 26 Year 1958
5. SEX F
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH MAY 14, 1872
9. AGE (In years last birthday) 86 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) BROWNING, MO
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME ISAIH WALLACE
13b. MOTHER'S MAIDEN NAME ABIGAIL JOHNSTON
14. NAME OF HUSBAND OR WIFE JOHN B. McCOLLUM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT OPAL McGHEE, BROOKFIELD, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Nephritis — INTERVAL BETWEEN ONSET AND DEATH 2 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) 593X
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 [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 NOV. 17 1958, to SEPT. 26 1958 and last saw her/him alive on SEPT. 20 1958
Death occurred at 3 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. H. Potter (Degree or title) M.D.
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 9-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9-28-1958
23c. NAME OF CEMETERY OR CREMATORY McCOLLUM CEMETERY
23d. LOCATION (City, town, or county) NEW BOSTON, (State) MO

24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME, ADDRESS BROOKFIELD, MO
25. DATE RECD. BY LOCAL REG. 9-27-1958
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

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.

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 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.