

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017254

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		Length of stay in lb <i>31 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>209 E. Fourth St.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Willard Lytle Gillum</i>		4. DATE OF DEATH Month Day Year <i>June 2, 1959</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>June 24, 1883</i>
9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months <i>11</i> Days <i>8</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Civil Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City Engineer</i>	11. BIRTH PLACE (City and state or country) <i>Oakland City, Indiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>James D. Gillum</i>	
13b. MOTHER'S MAIDEN NAME <i>Nancy Allen</i>		14. NAME OF HUSBAND OR WIFE <i>Minnie Gillum, nee Jackson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-36-0756</i>	
17. INFORMANT <i>Minnie Gillum, Washington, Mo.</i>		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) <i>Respiration Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>48 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i></i> DUE TO (c) <i>5705</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Large Bowel Obstruction & surgical removal of congenitally descended colon due to adhesive band</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <i>May 25, 1959</i> , to <i>June 2, '59</i> and last saw him alive on <i>June 2, 1959</i> Death occurred at <i>4:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John B. Ryan M.D.</i>		22b. ADDRESS <i>Washington, Mo.</i>	22c. DATE SIGNED <i>6-2-59</i>
23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE <i>June 4, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>
24. FUNERAL DIRECTOR <i>Hieburg & Litchner, Washington, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6/4/59</i>	26. REGISTRAR'S SIGNATURE <i>F. P. Heidemann & P. J. Heidemann</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Lester A. Pitt*

Licensed Embalmer No. *3254*

P. O. Address *Washington*

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.