RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029546
STATE FILE NUMBER

FILED VS SEP 15 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin Twsp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hope Manor
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Carthage Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 202 Meridan Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Hiram Middle: S. Last: Gillum
4. DATE OF DEATH Month, Day, Year: Sept. 7, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-20-1880
9. AGE (last birthday): 79 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (City and state or country): Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Addie Gillum
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.: 490-10-1907A
17. INFORMANT: Mrs. Jean Shrum Address: Carthage, Mo.

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) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CNS lues
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 7-15-59, to 9-7-1959 and last saw her/him alive on 8-10-59
Death occurred at 3:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Richard R. Coble (Degree or title) MD.
22b. ADDRESS: Carthage, Mo
22c. DATE SIGNED: 9/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-10-1959
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.
25. DATE RECD. BY LOCAL REG.: 9-10-59
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 1955

P. O. Address [illegible]

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