

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1538

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 21

49

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 2 1/2 weeks		d. STREET ADDRESS (If rural, give location) 318 So. Orner St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) James	c. (Last) Gillum	4. DATE OF DEATH (Month) (Day) (Year)	Jan 30 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 20, 1883	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours	12. IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman	10b. KIND OF BUSINESS OR INDUSTRY Ward-Phillips Furniture Co.	11. BIRTHPLACE (State or foreign country) Jasper County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Gillum	13b. MOTHER'S MAIDEN NAME Anna Lansdown	14. NAME OF HUSBAND OR WIFE Cora E. Carney Gillum
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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. 500-05-4437	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cora Gillum, 318 Orner Carthage, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 31 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion, Coronary Artery		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4/20/	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 30, 1948, to Jan 30, 1949, that I last saw the deceased alive on Jan 30, 1949, and that death occurred at 10:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood M.D.	23b. ADDRESS Carthage Mo	23c. DATE SIGNED Feb 1, '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE L.B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Snell Mortuary, Carthage, Mo.
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See - H. [Signature] Embalmer's Statement on Reverse Side)

49-1-95

FEB 25 1949

**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.

Signed.....

*Frank W. Kull*

Signed.....

Student Embalmer

Licensed Embalmer No. 4440

P. O. Address Carthage

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