

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1697**

FILED JAN 29 1957

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5586** Registrar's No. **14**

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 OR TOWN Rural Marion		c. CITY OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 4		e. STREET ADDRESS (If rural, give location) 202 Meridian	
3. NAME OF DECEASED (Type or Print) a. (First) Addie		b. (Middle) Danford	
c. (Last) Gillum		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-1878
9. AGE (In years) (Month) (Day) (Year) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Diamond Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE H. S. Gillum		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. S. Gillum, Carthage, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephomalacia ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 332x	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct , 1957, to Jan 15, 1957 , that I last saw the deceased alive on Jan 7, 1957 , and that death occurred at 9:15 P.M. , 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 1-19-57		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 1-19-57		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home, Carthage, Mo.	
DATE REC'D BY LOCAL REG. 1-19-57		REGISTRAR'S SIGNATURE W. H. Clifton	

(Licensed Embalmer's Statement on Reverse Side)

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

139

County File Number 07-1-6
Date Filed JAN 25 1957

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.....
Edwin E. [Signature]

Licensed Embalmer No. 149

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.