

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046882

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 326

Primary Registration District No. 4482

Registrar's No. 192

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scotland			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Memphis 0990		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Cyrus Middle Alva Last Wollam			4. DATE OF DEATH Month Dec. Day 17. Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 2. 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Van Buren Co., Iowa	
10c. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jacob Wollam		13b. MOTHER'S MAIDEN NAME Amelia V. Kingsbury	
13c. NAME OF HUSBAND OR WIFE Stella Wollam		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. 497-32-1873	
17. INFORMANT Mrs. Oliver Kerr		Address Memphis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma Colon	
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) 1538		INTERVAL BETWEEN ONSET AND DEATH 1-28-58	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <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 July 15, 1952 to Dec 17, 1958 and last saw her alive on Dec 17, 1958 Death occurred at 9:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. E. Hillman MD		(Degree or title)		22b. ADDRESS Memphis, Mo.	
22c. DATE SIGNED 12/19/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 19. 1958	
23c. NAME OF CEMETERY OR CREMATORY Cantril Cemetery		23d. LOCATION (City, town, or county) Cantril. Iowa		23e. STATE Iowa	
24. FUNERAL DIRECTOR Guthrie Beckett		ADDRESS Memphis Mo		25. DATE RECD. BY LOCAL REG. 12-19-58	
26. REGISTRAR'S SIGNATURE Dea G. Purcell					

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 *Albert C. Guth*

Licensed Embalmer No. *4257*

P. O. Address *Memphis*

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.