

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Hope 1696  
State File No. 2-49-15

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Wade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webavon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webavon</u>	
c. LENGTH OF STAY (in this place) <u>76 years</u>		d. STREET ADDRESS (If rural, give location) <u>417 N. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 N. Jefferson</u>			
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>Emett</u>	
c. (Last) <u>Millsap</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 4, 1872</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bank President</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Wade County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Murphy</u>	
14. NAME OF HUSBAND OR WIFE <u>Trace Millsap</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ma J. E. Millsap</u>		ADDRESS <u>Webavon, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>		unk.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/20</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) _____		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 <u>June</u> , 19 <u>46</u> , to <u>Jan 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/13</u> , 19 <u>49</u> , and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James L. Hope, M.D.</u>		23b. ADDRESS <u>Webavon, Mo.</u>	
23c. DATE SIGNED <u>1/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Webavon City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18-49</u>		REGISTRAR'S SIGNATURE <u>Lessie B. Lundy</u>	
414		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>	
ADDRESS <u>Webavon, Mo.</u>			

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

FEB 15 1950

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 \_\_\_\_\_

Mayna Ruth Allen Student Embalmer No. 295  
working under my personal supervision.

Student Emmett E. Everett - 246  
Student Embalmer

Signed Richard L. Palmer

Licensed Embalmer No. 4595

P. O. Address Libanon, Mo.

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.