

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33272-169

BIRTH NO. _____ REG. DIST. NO. 09 PRIMARY REG. DIST. NO. 5224 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grand River Twp.</u>	
c. LENGTH OF STAY (in this place) <u>22 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>3mi N.E. of Harrisonville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles North East of Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>3mi N.E. of Harrisonville Mo.</u>	
3. NAME OF DECEASED a. (First) <u>JACOB</u> (Type or Print)		b. (Middle) <u>EDWARD</u>	
c. (Last) <u>MILLINGTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 16 - 1877</u>
9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work occupying most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Cass Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm C. Millington</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Bell Cordell</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Millington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cora Millington</u>		ADDRESS <u>Harrisonville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia with</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>secondary hypertension</u> 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		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Minute)		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>11-2</u> , 19 <u>49</u> , to <u>11-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>49</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. J. Jones M.D.</u>		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>11-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 6 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grain Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Resurrectionists Harrisonville Mo</u>	
ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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Mo

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
Student Embalmer

Signed Ernest R. Remmer

Licensed Embalmer No. 3368

P. O. Address Ernest R. Remmer

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.