

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36233**

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (in this place) <u>30 years</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence 302 2nd st.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> d. STREET ADDRESS (If rural, give location) <u>302 2nd Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Raymond Arthur Millikan</u> a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 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>Sept 25 1882</u>
9. AGE (In years last birthday) <u>67</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired RR mail clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Govt Mail Service</u>	11. BIRTHPLACE (State or foreign country) <u>Fairmount Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Isaac Millikan</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Fox millikan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs R. A. Millikan - Monett, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>?</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/6/49</u>, 19<u>49</u>, to <u>11/16</u>, 19<u>49</u>, that I last saw the deceased alive on <u>11/16/49</u>, and that death occurred at <u>9:30 a.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank R. West M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>	23c. DATE SIGNED <u>11/20/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 18 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	12	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon Funeral Home - Monett, Mo.</u>

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

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DEC 12 1949

RECEIVED DEC 7 1949

District Health Office No. 6,

District File Number 1249-1314

Date Filed 12-7-49

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

J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.