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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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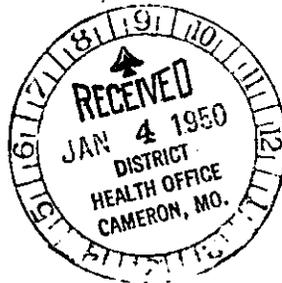
FILED JAN 7 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5023 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>00</u>	
3. NAME OF DECEASED a. (First) <u>Guy</u> b. (Middle) <u>Winfred.</u> c. (Last) <u>Millsap.</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>13</u> (Year) <u>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>11 4 1890</u>
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	11. UNDER 18 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during 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>Atchison County, Mo., 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>Am</u>		13. FATHER'S NAME <u>Russell Millsap</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Wolf.</u>		14. NAME OF HUSBAND OR WIFE <u>Melvina Cooper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Melvina Millsap.</u>		ADDRESS <u>Rock Port.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Radical atherosclerosis</u>			<u>2 mos</u>
DUE TO (c) <u>extensive bronchogenic Ca.</u>			<u>1 yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(Empyema)</u>			<u>162X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>bronchogenic ca left lung</u>	
20. 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) (Min.)		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>May 1949</u> , to <u>Dec 13, 1949</u> , that I last saw the deceased alive on <u>Dec 13, 1949</u> , and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bartholomew Mortuary</u>		23b. ADDRESS <u>Rock Port. Mo</u>	
23c. DATE SIGNED <u>Dec 14, 49</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/15/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock Port. Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary,</u> ADDRESS <u>Rock Port. MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-14-49</u>		REGISTRAR'S SIGNATURE <u>Geety Crabtree</u>	

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



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.

Signed.....

Gutz Barthelme

Signed.....

Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.