

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1730
 Registrar's No. 2

FILED JAN 28 1950

REG. DIST. NO. 210

PRIMARY REG. DIST. NO. 4322

0650

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give town) Princeton		c. CITY (If outside corporate limits, write RURAL and give township) 0650 OR TOWN Mercer	
c. LENGTH OF STAY (in this place) 40 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Ray c. (Last) Millemon		4. DATE OF DEATH (Month) (Day) (Year) 1-9-50	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-19-1879
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR 2 Months	IF UNDER 4 HRS. 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois
13a. FATHER'S NAME George Millemon		13b. MOTHER'S MAIDEN NAME Rebecca Cord	14. NAME OF HUSBAND OR WIFE Louise Millemon
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Millemon Mercer, Mo
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) Carcinoma of Stomach ANTECEDENT CAUSES 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. Anemia Malnutrition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Oct 18, 1949 , to Jan 7, 1950 , that I last saw the deceased alive on Jan 8, 1950 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marion Gubert M.D.		23b. ADDRESS Princeton, Mo	23c. DATE SIGNED 1/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-11-50	24c. NAME OF CEMETERY OR CREMATORY Princeton	24d. LOCATION (City, town, or county) (State) Princeton, Mercer Co., Mo
DATE REC'D BY LOCAL REG. 1-12-50	REGISTRAR'S SIGNATURE M. J. Gubert	393	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul Moss

Licensed Embalmer No. 2634

P. O. Address Camerton, 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.