. No. 300
. 10.48

0821

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

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2052

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 2054 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (in this place): 7 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PIKE COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - PEWO
d. STREET ADDRESS (If rural, give location): NEAR FRANKFORD, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): A
c. (Last): McMILLEN

4. DATE OF DEATH (Month) JAN. (Day) 12 (Year) 1950

5. SEX: male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 31 1873
9. AGE (In years last birthday): 76 — If under 1 year: Months 5 Days 11 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): PIKE COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James A. McMillen Sr.
13b. MOTHER'S MAIDEN NAME: Susan Elizabeth Cash
14. NAME OF HUSBAND OR WIFE: Emily Lear McMillen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Marion Kull Louisiana, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Disease — 1 yr
DUE TO (c) Prostatic Hypertrophy obstruction — 2 wks
II. OTHER SIGNIFICANT CONDITIONS: Pneumonia — 4 days
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 ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1949, *to* January, 1950, *that I last saw the deceased alive on* Jan 12, 1950, *and that death occurred at* 6:13 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas H Lewellen M.D.
(Degree or title)
23b. ADDRESS: Louisiana Missouri
23c. DATE SIGNED: 1-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/50
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Pike Co., Missouri

DATE REC'D BY LOCAL REG.: Jan 14, 1950
REGISTRAR'S SIGNATURE: Bernice Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Sterne Funeral Home--Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 20 195
District Health Officer No. 1
District File Number 1-50-1
JAN 20 1950
Date Filed

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.