No. 300
10.48

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27462

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 7

0580

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

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LINN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laclede, Mo. 0580
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Smith c. (Last) McMillen

4. DATE OF DEATH (Month) (Day) (Year): Aug 6 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Mar 24, 1889
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 4, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feeder
10b. KIND OF BUSINESS OR INDUSTRY: Produce Co.
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John McMillen
13b. MOTHER'S MAIDEN NAME: Nancy Thelmet
14. NAME OF HUSBAND OR WIFE: Golden 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.: 487-01-5892
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. S. McMillen, Laclede, Mo. ADDRESS

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cause Unknown, First
DUE TO (c) attack in 1942. This attack

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Caused death in 30 minutes 4301

19a. DATE OF OPERATION: None
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): None 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* Jan, 1942, *to* Aug, 1950, *that I last saw the deceased alive on* Aug, 1950, *and that death occurred at* 10:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. LaMarne D.O. V
23b. ADDRESS: Brookfield Mo.
23c. DATE SIGNED: 8-8-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Aug 8-1950
24c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
24d. LOCATION (City, town, or county) (State): Laclede, Missouri

DATE REC'D BY LOCAL REG.: Aug 8-1950
REGISTRAR'S SIGNATURE: Chris A. Martens 169
25. FUNERAL DIRECTOR'S SIGNATURE: Brothers Funeral Home, Laclede, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 15 1950
District Health Officer No. 1
District File Number 8-50-1307
Date Filed AUG 17 1950

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 W R Wright

Licensed Embalmer No. 4655

P. O. Address Laclede 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.