

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33039

BIRTH NO. _____		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>4480</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Englewood Clark</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Englewood Clark</u>		d. STREET ADDRESS (If rural, give location) <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>JASPER</u>			b. (First) <u>N.</u>	c. (Last) <u>McMILLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15-1950</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>OCT. 15-1966</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wk. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Robert McMullen</u>			13b. MOTHER'S MARYDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Betty McMullen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jasper McMullen Englewood Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thromb</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertitis</u>					2 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							592X
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1948</u> , to <u>Oct 1, 1950</u> , that I last saw the deceased alive on <u>Sept 30, 1950</u> , and that death occurred at <u>6:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Geo. H. Shirley M.D.</u>				23b. ADDRESS <u>Englewood Missouri</u>		23c. DATE SIGNED <u>10/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring Garden Cem Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 2-1950</u>		REGISTRAR'S SIGNATURE <u>Mr. T. L. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Steppens Russellville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

2260

RECEIVED 10-17-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-17-50

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.