

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5060

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 104

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin  
 c. LENGTH OF STAY (in this place) 1 day  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Jasper  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt. 1 Oronogo, Mo. 0490  
 d. STREET ADDRESS (If rural, give location) Rt. 1 Oronogo, Missouri

3. NAME OF DECEASED  
 a. (First) CHARLES b. (Middle) A. c. (Last) MILLARD  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
 February 28, 1951

5. SEX Male: 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 9, 1914

9. AGE (In years last birthday) 37  
 IF UNDER 1 YEAR: Months 1, Days 19  
 IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Eagle Picher Smelter

11. BIRTHPLACE (State or foreign country) Lamar Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME C.A. Millard Sr.

13b. MOTHER'S MAIDEN NAME Alice Davis

14. NAME OF HUSBAND OR WIFE Viola Belle Millard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW II

16. SOCIAL SECURITY NO. 486 24 5440

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Millard Rt. 1 Oronogo, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Third Degree Burns over the entire body with the exception of the abdomen.  
 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.

INTERVAL BETWEEN ONSET AND DEATH 2-28-51

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In cupola, at work

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin, Jasper, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-28-51 5:10a

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Explosion in the cupola.

22. I hereby certify that I attended the deceased from 2-28, 1951, to 2-28, 1951, that I last saw the deceased alive on 2-28, 1951, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS Joplin, Mo. Frisco Building

23c. DATE SIGNED 3-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-4-51

24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery

24d. LOCATION (City, town, or county) (State) Jasper, Missouri

DATE REC'D BY LOCAL REG. 3-9-51

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri

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

495

RECEIVED 3-7-51  
Jasper County Health Office

County File Number 51-2-192  
Date Filed 3-7-51

REC'D  
MAR 9 1951  
Jasper

MAR 7 1951

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 *Lawrence J. Lewis 2*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4561*

P. O. Address *Wells City, 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.