

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5274

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5688 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u> <u>Parade</u> <u>Bucklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u> <u>1580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) _____ c. (Last) <u>MILLSAP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 2, 1951</u>
5. SEX <u>U</u>	6. COLOR OR RACE <u>MALE WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1 APR. 24, 1876</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>CAMARGO, ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Lyndon Millsap</u>	13b. MOTHER'S MAIDEN NAME <u>PARADINE BAGLEY</u>	14. NAME OF HUSBAND OR WIFE <u>NORA E. MILLSAP</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Nora E. Millsap</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Senility</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Strangulated inguinal hernia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 <u>July 30, 1949</u> , to <u>March 2, 1951</u> , that I last saw the deceased alive on <u>March 2, 1951</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R.A. Linelless</u>		23b. ADDRESS <u>Bucklin, Mo.</u>	23c. DATE SIGNED <u>3-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hugo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hugo Ill</u>
DATE REC'D BY LOCAL REG. <u>Mar 3, 1951</u>	REGISTRAR'S SIGNATURE <u>W B Emundo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>	
ADDRESS <u>Bucklin, Mo.</u>			

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

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Date Received: MAR 1 2 1951
DISTRICT HEALTH OFFICE #
District File Number 3-57-
Date Filed: MAR 1 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4037

P. O. Address Brooklyn, 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.