

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9323

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Marion</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Marion</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hannibal Palmyra</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Hannibal</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Maple Lawn Rest Home</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">608 South Hayden</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u> b. (Middle) <u>McMillin</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">April 9, 1951</p>		
5. SEX <p style="text-align: center;">Female</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Dec. 30, 1869</p>	9. AGE (In years last birthday) <p style="text-align: center;">81</p>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">XX</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Bath New York</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U S A</p>

13a. FATHER'S NAME <p style="text-align: center;">C.W. Yost</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Phebe Angel</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Henry McMillin</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">None</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">None</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Floyd McMillin Hannibal Missouri</p>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Softening</u>			INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">5 yrs</p>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <p style="text-align: center;">332X</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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 Dec 1, 1950, to Apr 9, 1951; that I last saw the deceased alive on Apr 8, 1951, and that death occurred at 4:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">J. J. Rawner</p>		(Degree or title) <p style="text-align: center;">M.D.</p>		23b. ADDRESS <p style="text-align: center;">Palmyra Mo</p>		23c. DATE SIGNED <p style="text-align: center;">4/10/51</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">4/11/51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mount Olivet</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hannibal Missouri</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">4/10/51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">By Trials Sec. Dep. W. Campbell</p>		FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">W. Campbell</p>		ADDRESS <p style="text-align: center;">Hannibal Missouri</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

640
4

0644
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RECEIVED

APR 11 1951

STATE HEALTH DEPT.

DATE FILED

APR 11 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 _____

John S. Ward

Signed.....

Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.