

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23144**
2938

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **14 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **St Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Henry**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clinton**
d. STREET ADDRESS (If rural, give location) **West Ohio 637**

3. NAME OF DECEASED
a. (First) **Barney** b. (Middle) _____ c. (Last) **McMillian**
4. DATE OF DEATH (Month) (Day) (Year) **7-11-1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **12-16-1872** 9. AGE (In years last birthday) **78** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroader** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Pulaski Co Mo** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jacob McMillian** 13b. MOTHER'S MAIDEN NAME **Tharby Burgess** 14. NAME OF HUSBAND OR WIFE **Stella McMillian**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Stella McMillian** ADDRESS **Clinton Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary embolases**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Acute Coronary Heart**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
-DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS (c) **Carcinoma of the Colon**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of the Colon** 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) _____ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Russell W. Kerr** (Degree or title) _____ 23b. ADDRESS **St Joseph Hospital** 23c. DATE SIGNED **11 July 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-13-1951** 24c. NAME OF CEMETERY OR CREMATORY **Englewood Cem** 24d. LOCATION (City, town, or county) (State) **Clinton Mo**

DATE REC'D BY LOCAL REG. **7-11-51** REGISTRAR'S SIGNATURE **Geraldine Helmer** 25. FUNERAL DIRECTOR'S SIGNATURE **Sickman-Panning** ADDRESS **Clinton Mo**

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

3008

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.....

Signed.....
Student Embalmer

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.