

## STANDARD CERTIFICATE OF DEATH

State File No. 32664

FILED NOV 13 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1127</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (In the city) <u>15 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		<u>1117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 Robidoux St.</u>				d. STREET ADDRESS (If rural, give location) <u>715 Robidoux St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) _____		c. (Last) <u>McMillen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</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>July 31, 1882</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Burnside, Ill</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (15) Auditor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James McMillen</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah McMillen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah McMillen 715 Robidoux St.</u>			
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) <u>Coronary Thromb</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio scl. pla-</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo -</u>  <u>7</u>  <u>1 yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				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>7/70</u> , 19 <u>51</u> , to <u>11/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10/30</u> , 19 <u>51</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>670 Francis St.</u>		23c. DATE SIGNED <u>11/1/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 5, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman W. Eidenladm</u>		ADDRESS <u>1802 University</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 17 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.

Signed.....  
Student Embalmer

Signed *Robert H. Yaph*.....  
Student Embalmer No. ....

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.

14-5-11