

FILED MAR 6 1952.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4263

State File No.

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No.

0201
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Roscoe Twp., 1930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chambers Nursing Home		d. STREET ADDRESS 1 Mile N-Roscoe	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) W. c. (Last) ##### Millsap			4. DATE OF DEATH (Month) (Day) (Year) Feb, 26, 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May, 7, 1878	9. AGE (in years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saline County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John S. Milssap		13b. MOTHER'S MAIDEN NAME Nancy Hallum		14. NAME OF HUSBAND OR WIFE Nellie Millsap	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Millsap, Roscoe Mo	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pines		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Impairment of Portal Circulation				1561	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	
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22. I hereby certify that I attended the deceased from 3-4, 1957, to 2-24, 1952 that I last saw the deceased alive on 2-24, 1952, and that death occurred at 1:40 Am., from the causes and on the date stated above.

23a. SIGNATURE J.W. Richardson (Degree or title)		23b. ADDRESS Piffin Mo.		23c. DATE SIGNED 2-25-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/27/52		24c. NAME OF CEMETERY OR CREMATORY Osceola		24d. LOCATION (City, town, or county) (State) Osceola Missouri	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE George H. Davis 418		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.B. ... Osceola Mo	
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MAR 14 1972

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

J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola, 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.