

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27225

State File No.

FILED AUG 30 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 899

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> ⁰¹¹⁷ ₀		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> ¹¹⁰	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington Twp.</u> ¹	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>P.P. #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophronia</u> b. (Middle) <u>Opal</u> c. (Last) <u>McMillian</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>December 9, 1892</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>1</u> YEARS <u>1</u> IF UNDER 18: Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Nodaway County, Missouri</u> ⁰	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William H. Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Brown</u>		14. NAME OF HUSBAND OR WIFE <u>George E. McMillian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George E. McMillian, P.P. #2, Dearborn, Mo.</u> ADDRESS <u>-----</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		DUPLICATE OF (b) <u>Carcinoma of ovary</u>		?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					

19a. DATE OF OPERATION <u>3-20-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma throught abdomen</u> ^{175 X}		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 March 17, 1952 to Aug 22, 1952, that I last saw the deceased alive on Aug 21, 1952, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Larson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>8-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/24/1952</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Judah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Buchanan County Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Aug 28, 1952</u>		REGISTRAR'S SIGNATURE <u>Cal C. Casil</u> ¹¹⁴⁶		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 W. E. Edmonston

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St. Jeph, 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.