

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

931

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 28

362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hermann</u> <u>0371</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>308 Market St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>NEAL</u> c. (Last) <u>McMILLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1953</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>Feb. 8, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					

13a. FATHER'S NAME <u>Neal McMillan</u>		13b. MOTHER'S MAIDEN NAME <u>Combs</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys McMillan</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>James W. McMillan, Hermann, Mo</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				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		DUE TO (b) <u>Anoxia and hemostasis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Fract. pelvis, ribs, laceration of					
DUE TO (c) <u>bladder, cerebral conc., disloc.</u>		<u>30 days</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>rt. shoulder</u>				<u>E8259</u> <u>33</u>	

19a. DATE OF OPERATION <u>12-20-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Laceration of bladder</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE <u>Accident</u> HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cairo</u> <u>Ill.</u>		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 19 1952</u> <u>am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>	
22. I hereby certify that I attended the deceased from <u>2-28-49</u> , 19___, to <u>1-25-53</u> , 19___, that I last saw the deceased alive on <u>1-24-53</u> , 19___, and that death occurred at <u>12:20 Am.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Carol T. Shaw, M.D.</u>		23b. ADDRESS <u>Hermann, Missouri</u>		23c. DATE SIGNED <u>1-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alamo, Tenn</u>	

DATE RECD BY LOCAL REG <u>Jan. 26 1953</u>		REGISTRAR'S SIGNATURE <u>J. P. Hudson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugh H. Oliver</u>	
				ADDRESS <u>Hermann, Mo</u>	

FEB 13 1968

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 *Chas. H. Pope* .....

Licensed Embalmer No. *2552* .....

P. O. Address Hermann; 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. ....