

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **8975**  
Registrar's No. **133**

No. 300  
10.48  
FILED APR 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR-BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF 0124</b>	
c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>120 N. C. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>120 N. C. St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MILLENDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 27 - 53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>4-24-1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SWITCH FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>TENN.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>DAVID H. MILLENDER</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA A. DUNN</b>	14. NAME OF HUSBAND OR WIFE <b>LORA MILLENDER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Lora Millender</b> ADDRESS <b>120 N. C. St.</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma prostate gland</b>			<b>3 yrs</b>
	DUE TO (c) <b>Edema metastases</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cystitis 177X</b>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: <b>Prostate removed in Memphis Tenn about 3 yrs ago</b>	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 **Dec**, 19**51**, to **March**, 19**53**, that I last saw the deceased alive on **27 Mar**, 19**53**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Cyril A. Post M.D.</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>28 Mar 53</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3-28-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WEST LAWN</b>
DATE REC'D BY LOCAL REG. <b>28 March 53</b>		24d. LOCATION (City, town, or county) (State) <b>JONESBORO ARK.</b>
REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. White</b> ADDRESS <b>Fisk, Mo.</b>

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

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RECEIVED  
MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-155

MAY 20 1953

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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

*Philip J. Casserly*

Licensed Embalmer No. 4018

P. O. Address Poplar Bluff, 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.