

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20605

State File No. ....

FILED JUN 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5030 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Tarkio Twn</b>	c. LENGTH OF STAY (In this place) <b>17 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Tarkio Twn</b> <b>0030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>2 3/4 Mi East of Tarkio</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Bert</b>	b. (Middle) <b>Emerson</b>	c. (Last) <b>McMillan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June-19-1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb-20-1876</b>	9. AGE (In years last birthday) <b>77 11</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen Farm work</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Wm J McMillan</b>	13b. MOTHER'S MAIDEN NAME <b>Jane McElroy</b>	14. NAME OF HUSBAND OR WIFE <b>Eva McMillan</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Eva McMillan</b>	ADDRESS <b>Tarkio, Mo</b>
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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, atherosclerosis, 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) <b>Perforation and lacerations, both large</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pushing injury to chest</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>9121</b> <b>3</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<b>003</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Tarkio Atchison Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>6/19/53 2:22 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Thrown from tractor when rt. rear wheel dropped in ditch. Rest rear wheel passed across ditch. Found at 8:00 - estimated time of death - 2:22 PM.</b>
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22. I hereby certify that I attended the deceased from **4/7/50**, 19\_\_\_, to **6/19/53**, 19\_\_\_, that I last saw the deceased alive on **6/1/53**, 19\_\_\_, and that death occurred **approx 2pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ed Niedomeyer, M.D.</b>	23b. ADDRESS <b>Tarkio, Mo.</b>	23c. DATE SIGNED <b>6/22/53</b>
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24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	24b. DATE <b>June-22-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Blanchard, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Blanchard, Iowa</b>
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DATE REC'D BY LOCAL REG <b>June 26, 1953</b>	REGISTRAR'S SIGNATURE <b>Harwin H. Schuler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter T. ...</b>	ADDRESS <b>Westboro, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D MAR 9 1953

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 \_\_\_\_\_

Ashley R Tucker

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ashley R Tucker  
Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.