

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28994

State File No. \_\_\_\_\_

FILED SEP 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Rural-Blue</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>33 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>RR4 Lee Summit Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>RR4 Lee Summit Rd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>C.</u> c. (Last) <u>McMILLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 26, 1864</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>91</u> <u>6</u> <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Office</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Industry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Oregon</u>	
13a. FATHER'S NAME <u>Jonathan McMillan</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Langstaff</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth McMillan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret McMillan</u> ADDRESS <u>RR4 Indep. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			<u>3 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senesence</u>			<u>2 year</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>332 X</u>	
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 <u>June 1, 1926</u> to <u>Aug 28, 1953</u> that I last saw the deceased alive <u>July 28, 1953</u> and that death occurred at <u>3449</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Haller</u>		23b. ADDRESS <u>West Wall Bank</u>		23c. DATE SIGNED <u>Aug 28, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>29 Aug-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Oliver Mitchell</u> ADDRESS <u>Indep. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-29-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354-1	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
rv. 10.48

1000

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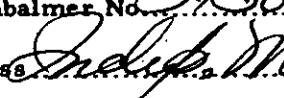
STATEMENT BY LICENSED EMBALMER

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 .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 3156

P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.