

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30994

State File No.

FILED SEP 28 1953
BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfield Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfield Alexander</u> ⁰⁰⁸⁰	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>(Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>MERNIVA</u> c. (Last) <u>McMillin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20, 1953</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>Sept 25, 1906</u>		9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Benton Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>Charles E. Meadows</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Henry E. McMillin</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>no</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Henry E. McMillin (Sourish)</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteritis with infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>chronic coronary artery involvement</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>3 1/2 yrs</u>	
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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>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —		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 May 1, 1952, to Sept 20, 1953, that I last saw the deceased alive on Sept 10, 1953 and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Logan M.D.</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>Sept 22 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bentonville, Benton Co, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John & Reed Warsaw</u>		ADDRESS <u>Warsaw</u>	
DATE REC'D BY LOCAL REG. <u>Sept 23 1953</u>		REGISTRAR'S SIGNATURE <u>Geo A. Logan</u>		23. DATE SIGNED <u>Sept 22 1953</u>	

(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

John J. Reese

Licensed Embalmer No. *4098*

P. O. Address

Warsaw

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.