

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

844

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</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) OR TOWN <u>HERMANN</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u> <u>0371</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 STARK BLVD</u>				d. STREET ADDRESS (If rural, give location) <u>422 STARK BLVD</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JAMES</u> b. (Middle) <u>WILLIARD</u> c. (Last) <u>McMILLAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 16 1954</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>JUNE 14, 1911</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES N. McMILLAN</u>		13b. MOTHER'S MAIDEN NAME <u>GLADYS CATES</u>	
14. NAME OF HUSBAND OR WIFE <u>MARIE 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>294-01-7791</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Marie 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIOSCLEROSIS</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>POLYCYSTIC KIDNEYS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>SUICIDE</u>		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) 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 <u>9-10, 1953</u> , to <u>1-16, 1954</u> , that I last saw the deceased alive on <u>1-16, 1954</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>				23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>1-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CITY</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>	
DATE REC'D BY LOCAL REG. <u>1-20-54</u>		REGISTRAR'S SIGNATURE <u>Wilma Gecken</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugot Oliver</u>		ADDRESS <u>HERMANN MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

11110

FEB 28

JAN 29 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

August Blumenthal

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.