

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

State File No. **4670**

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3022 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Glasgow</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0450</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Wells Conv. Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>B.</b> c. (Last) <b>McMillan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 27, 1868</b>	9. AGE (In years last birthday) <b>85</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTH PLACE (State or foreign country) <b>Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13. FATHER'S NAME <b>Charles R. McMillan</b>		13b. MOTHER'S MAIDEN NAME <b>Nettie Howard</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced Katie Yager + deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. George McMillan</b> ADDRESS <b>Glasgow Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diagnosed arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Nov 1, 1952** to **Feb 16, 1954**, that I last saw the deceased alive on **Feb 2, 1954**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James D. Deen M.D.</b>	23b. ADDRESS <b>Fayette, Mo</b>	23c. DATE SIGNED <b>2-21-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 18, 1954</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Washington</b>	24d. LOCATION (City, town, or county) (State) <b>Glasgow Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-21-54</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Cludley - Fremont</b> ADDRESS <b>Glasgow Mo.</b>
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(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*W. Siemont*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.