No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10987

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 32

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Twp
c. LENGTH OF STAY (In this place): 1-8-6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospt # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 5493
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) — c. (Last) MILLAR

4. DATE OF DEATH (Month) (Day) (Year): Mch 21 1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 11-1864
9. AGE (In years last birthday): 89 — If under 1 year: Months 2 Days 10 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo H. Millar
13b. MOTHER'S MAIDEN NAME: Margaret Shaw
14. NAME OF HUSBAND OR WIFE: Amy T. Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unk
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: Hosp Records — ADDRESS: Nevada Mo

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): Senility — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: General Art Sel — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 794X
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 11, 1952, *to* Mch 21, 1954, *that I last saw the deceased alive on* Mch 21, 1954, *and that death occurred at* 8:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Shrout M.D.
23b. ADDRESS: Nevada Mo.
23c. DATE SIGNED: Mch 21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23, 1954
24c. NAME OF CEMETERY OR CREMATORY: Carterville Cemetery
24d. LOCATION (City, town, or county) (State): Carterville Mo

DATE REC'D BY LOCAL REG.: 4-1-1954
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Lewis Funeral Home — ADDRESS: Welch City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.