

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brashear</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>no 10 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hos.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Millsap</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>2-27-1868</u>		9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	

13a. FATHER'S NAME <u>James Hamilton Millsap</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Parish</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Minter Millsap</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Millsap, Leasburg, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		DUPLICATE OF (b) <u>Cerebral Thrombosis</u>			
DUPLICATE OF (c) <u>Cerebro-vascular Arterio-</u>		DUPLICATE OF (d) <u>Sclerosis</u>			
II. 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"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 7-20, 1954, to 7-22, 1954, that I last saw the deceased alive on 7-22, 1954, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David W. Boone No 2</u>		23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>7-25-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaBelle Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>LaBelle, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>7-25-54</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David W. Boone, Kirksville, Mo</u>	
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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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 4296

P. O. Address Birksville, N.Y.

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.