

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED NOV 3 - 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Farmington St. Francois</u> )		c. CITY OR TOWN <u>St. Clair</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4y; 8M; 26d</u>		e. STREET ADDRESS (If rural, give location) <u>0360/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) _____ c. (Last) <u>McMILLEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 8, 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Union, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm. McMillen</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Keller</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mada Willis, St. Clair, Mo.</u>	ADDRESS
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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 & HOSPT. NO. 4 RECORDS		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with mental deficiency.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>	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 Sept. 14, 1954, to October 11, 1954, that I last saw the deceased alive on Oct. 11, 1954, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. A. Brennan, M.D.</u>	(Degree or title)	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>10-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Indian Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 14, 1954</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	ADDRESS <u>St. Clair, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *H. M. Lewis*.....

Licensed Embalmer No. *366*.....

P. O. Address *H. Quinn*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.