

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8735

BIRTH NO.		REG. DIST. NO. <u>184</u>	PRIMARY REG. DIST. NO. <u>3038</u>	Registrar's No. <u>492</u>
1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Linn</u>	d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0580</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>S</u> c. (Last) <u>McMillen</u>		4. DATE OF DEATH <u>3-9-55</u>		(Month) (Day) (Year)
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>4-1-1871</u>	9. AGE (In years last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Hardware</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel H. McMillen</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Woodward</u>	14. NAME OF HUSBAND OR WIFE <u>Ada</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ada McMillen</u> ADDRESS <u>Linn, 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>Acute traumatic accident - gun shot wound, destroying the face and anterior portion of the skull.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>E9130 19</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>42 hrs.</u>
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) <u>Unknown</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>0580</u> (COUNTY) <u>Linn</u> (STATE) <u>Missouri</u>	21f. HOW DID INJURY OCCUR? Either accidental or intentional firing of 16 ga. shotgun	
21d. TIME OF INJURY <u>March 7 1955</u> (Month) (Day) (Year) (Hour) <u>pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>March 7, 1955</u> , to <u>March 9, 1955</u> , that I last saw the deceased alive on <u>March 9, 1955</u> , and that death occurred at <u>5:28 m.</u> , from the causes and on the date stated above.			23c. DATE SIGNED <u>3/11/55</u>	
23a. SIGNATURE <u>John W. White, D. O.</u>		23b. ADDRESS <u>Brookfield, Mo.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>Nadine Stambach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brother's Funeral Home</u> ADDRESS <u>Linn, Mo.</u>		

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *M.R. Knight*

Licensed Embalmer No. *4655*

P. O. Address: *Fredde, Md.*

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.