No. 300
10.48

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8799

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3047 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Madison 06 21 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fredericktown
c. LENGTH OF STAY (In this place) 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Womack Hotel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Wayne 1110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lodi 1
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Idalco
c. (Last) McMillen

4. DATE OF DEATH (Month) (Day) (Year) March 18, 1955

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH March 31, 1879

9. AGE (In years last birthday) 75 | If under 1 year: Months 11, Days 17 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Edward McMillen

13b. MOTHER'S MAIDEN NAME Caroline Kelsey

14. NAME OF HUSBAND OR WIFE Margaret T. McMillen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 498-09-2127

17. INFORMANT'S SIGNATURE OR NAME Margaret Leach **ADDRESS** St. Louis, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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 _____, 19__, to _____, 19__, that I last saw the deceased alive on* March 18, 1955, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE W Brooman **(Degree or title)** MD **23b. ADDRESS** Fredericktown Mo **23c. DATE SIGNED** 3/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/20/55

24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park

24d. LOCATION (City, town, or county) Madison County, Mo. (State)

DATE REC'D BY LOCAL REG. 3-21-1955

REGISTRAR'S SIGNATURE Florence Hicks 187 0

25. FUNERAL DIRECTOR'S SIGNATURE Najim Funeral Home **ADDRESS** Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
MAR 29 1955
RECEIVED
FILE No. 355-12

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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.