

FILED JUL 25 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24982

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Sikeston, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>MINER MO. R. 2.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEL AIR NURSING HOME</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>MC GILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-55</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 24, 1876</u>			
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMDEN TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES E. Mc Gill</u>			13b. MOTHER'S MAIDEN NAME <u>PERINA PEARL MIZELL</u>			14. NAME OF HUSBAND OR WIFE <u>0</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE, OR NAME <u>Howard Mc Gill - Sikeston Mo</u>		ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>				DUE TO (b) <u>Gen. arteriosclerosis</u>				<u>5 years?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>4200</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>marked hypertrophic arthritis</u>				<u>30 years!</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)		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 <u>9/14</u> , 19 <u>53</u> , to <u>5/28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/28</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> A. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. C. Cutchlow M.D.</u>				23b. ADDRESS <u>Sikeston, Mo</u>		23c. DATE SIGNED <u>July 19, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON, MO</u>			
DATE REC'D BY LOCAL REG. <u>7-15-55</u>		REGISTRAR'S SIGNATURE <u>Dr. C. C. Hunter 429</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

STATE FILE NO. 24982  
1955 JUL 25 1955  
STANDARD CERTIFICATE OF DEATH  
THE DIVISION OF HEALTH - MISSOURI  
FILED JUL 25 1955  
24982  
91  
3074  
333  
SCOTT  
MO  
SCOTT  
SIKESTON  
RURAL - Sikeston, Mo  
MINER MO. R. 2.  
ROBERT FRANKLIN MC GILL  
7-13-55  
MALE WHITE WIDOWED APRIL 24, 1876 79  
RETIRED FARMER CAMDEN TENN U.S.A.  
JAMES E. Mc Gill PERINA PEARL MIZELL  
NO 0 Howard Mc Gill - Sikeston Mo  
arteriosclerotic heart disease Gen. arteriosclerosis 4200  
marked hypertrophic arthritis  
30 years!  
Wm. C. Cutchlow M.D. Sikeston, Mo July 19, 1955  
BURIAL 7-15-55 MEMORIAL PARK SIKESTON, MO  
Dr. C. C. Hunter 429 Welch Funeral Home - Sikeston Mo

DATE RECEIVED JUL 18 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 655-249

JUL 21 1955

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

*Raymond Crews*

Licensed Embalmer No. 2467

P. O. Address Sikeston 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.