

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29780  
3902

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City,		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY OR TOWN Kansas City,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				f. STREET ADDRESS (If rural, give location) 4031 Spruce 3580					
3. NAME OF DECEASED (Type or Print) Joseph			a. (First)		b. (Middle) Edward Mc Millin		c. (Last)		
4. DATE OF DEATH		(Month) Sept.		(Day) 6		(Year) 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Dec. 12 1889			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Clay tile maker		11. BIRTHPLACE (City and State or Foreign Country) Bentonville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Mc Millin			13b. MOTHER'S MAIDEN NAME Adre Francis			14. NAME OF HUSBAND OR WIFE Ruth Mc Millin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-07-9699-A		17. INFORMANT'S SIGNATURE OR NAME Ruth Mc Millin		ADDRESS 4031 Spruce K.C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism				48 hours	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of rectum DUE TO (c)				7 weeks	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				154h	
19a. DATE OF OPERATION 8-20-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum				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) m.		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 8-20, 1955, to 9-6, 1955, that I last saw the deceased alive on 9-6, 1955, and that death occurred at 10:30 AM, from the causes and on the date stated above.									
23a. SIGNATURE Roy F. Drake (Degree or title) M.D.				23b. ADDRESS 510 Professional Bldg		23c. DATE SIGNED 9-6-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 6 1955		24c. NAME OF CEMETERY OR CREMATORY Dunning Cem.		24d. LOCATION (City, town, or county) (State) Deepwater Missouri.			
DATE REC'D BY LOCAL REG. 9-6-55		REGISTRAR'S SIGNATURE Fred Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home Kas. City, Mo,					

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

~~Dr. J. E. Oliver~~  
Mar. 7, 1922  
Blair Heights, N.S. No. 40

**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 Jan E. Hurst

Licensed Embalmer No. 162

P. O. Address 918 Bross

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.