

9961

State File No.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>261</u>		PRIMARY REG. DIST. NO. <u>8048</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY OR TOWN <u>Maryville</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Callatin</u>		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 <u>St. Francis Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>0310</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank Rankin McMillin</u>			a. (First) <u>Frank</u> b. (Middle) <u>Rankin</u> c. (Last) <u>McMillin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 31 - 1934</u>	
9. AGE (In years less birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bedford Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Elza McMillin</u>		13b. MOTHER'S MAIDEN NAME <u>Phyllis Rankin</u>		14. NAME OF HUSBAND OR WIFE <u>Birce McMillin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>480-36-4245</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elza McMillin Bedford Iowa</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain laceration, fracture left tibia</u> ANTECEDENT CAUSES <u>lacerations face + hand</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> 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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>26</u>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>of Nodaway Mo</u>		21f. HOW DID INJURY OCCUR? <u>Riding in car to Ptg driver semi truck</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 25, 1956</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. <u>Called in</u>			
22. I hereby certify that I attended the deceased from <u>3/25</u> , 19 <u>56</u> , to <u>3/25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/25</u> , 19 <u>56</u> , and that death occurred at <u>5:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Beckman</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>3/31/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>	
DATE REC'D BY LOCAL REG. <u>4-2-56</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank McMillin</u> ADDRESS <u>Bedford Iowa</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1958 JUN 30

1958 JUN 30

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.....
Frank L. [Signature]

Licensed Embalmer No.....
P. O. Address.....
Beafo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.