No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19997

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glasgow
d. STREET ADDRESS (If rural, give location): 0450 1

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Leo
c. (Last): McMillan

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 26, 1888
9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: River Const.
11. BIRTHPLACE (State or foreign country): Glasgow, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Andrew McMillan
13b. MOTHER'S MAIDEN NAME: Leona Widener
14. NAME OF HUSBAND OR WIFE: Kathryn Clark McMillan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
16. SOCIAL SECURITY NO.: not available
17. INFORMANT'S SIGNATURE OR NAME: Phillip Thurfelder — ADDRESS: Glasgow 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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: approx. 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Renal disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rehabilitation due to Cerebral Vascular Accident Aug. 1956 — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442x
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* 7-4, 1956, *to* 7-6, 1956, *that I last saw the deceased alive on* 7-6, 1956, *and that death occurred at* 8:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Willis A. Clark (Degree or title) MD
23b. ADDRESS: 329 Main Boonville Mo
23c. DATE SIGNED: 7/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 8, 1956
24c. NAME OF CEMETERY OR CREMATORY: Washington
24d. LOCATION (City, town, or county) (State): Glasgow Mo

DATE REC'D BY LOCAL REG.: 7/14/56
REGISTRAR'S SIGNATURE: Leo Hooper
FUNERAL DIRECTOR'S SIGNATURE: Cudsley-Fremont
ADDRESS: Glasgow Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 17 1958

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [signature]

Licensed Embalmer No. 3978

P. O. Address Glasgow Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.