

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24525

State File No.

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 185

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

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>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clearmont</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burlington Junction</u> <u>740</u>	
c. LENGTH OF STAY (In this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>On east edge of town-No address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLEY</u>	b. (Middle) <u>F.</u>	c. (Last) <u>McMILLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1956</u>
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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>July 18, 1891</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Elmo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry C. McMillen</u>	13b. MOTHER'S MAIDEN NAME <u>Clara A. Famulener</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Law McMillen</u>
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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>506-14-3698</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter McMillen</u> ADDRESS <u>Burl. Junc. Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> (c) <u>Chronic Bacteremia</u>		<u>Years</u> <u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>phlegmon, multiple</u> <u>of the prostate</u>		<u>4 mo.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	<u>4 2 2 0</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 30, 1956, to July 30, 1956, that I last saw the deceased alive on July 30, 1956, and that death occurred at 00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maximilian Ford M.D.</u>	23b. ADDRESS <u>Elmo, Mo.</u>	23c. DATE SIGNED <u>7-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Burial</u>	24b. DATE <u>Aug. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>College Springs, Iowa.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 11-1956</u>	REGISTRAR'S SIGNATURE <u>Bess Bold</u>	LOCAL FUNERAL DIRECTOR'S SIGNATURE <u>Loren Davison</u>	ADDRESS <u>Clarinda Ia.</u>
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JAN 29 1963

This body was not embalmed in Missouri. It was removed to Clarinda, Iowa where it was embalmed, & was then buried at College Springs, Iowa.

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.....

Loren Davison

Signed.....
Student Embalmer

Iowa Licensed Embalmer No. 3148

P. O. Address Clarinda, Iowa.

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.