

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. 31666

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 67

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| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. STATE Mo. b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. James | | c. CITY OR TOWN St. James | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 40 yrs. | | e. STREET ADDRESS (If rural, give location) 0810 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION AT Home | | | |

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|-------------------------------------|--------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Walter | b. (Middle) Scott | c. (Last) Millen | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 - 1956 |
|-------------------------------------|--------------------------|--------------------------|-------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH MAR. 1, 1878 | 9. AGE (In years last birthday) 78 | if UNDER 1 YEAR Months 6 Days 28 | 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) M.A. Manager | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State, or Foreign Country) St. Louis, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John A. Millen | 13b. MOTHER'S MAIDEN NAME Bonetta Holcomb | 14. NAME OF HUSBAND OR WIFE Pearl Millen |
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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) | 16. SOCIAL SECURITY NO. 489-05-6461 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Miller (son) 5060 Mileutz - St. Louis, Mo |
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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) Cerebral Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Refused medical aid DUE TO (c) Death due to natural causes | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X |
| 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 Sept 25, 1956, to Sept 28, 1956, that I last saw the deceased alive on Sept 28, 1956, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Rud. B. Powell Registrar | 23b. ADDRESS St. James Mo | 23c. DATE SIGNED 9-28-1956 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 30, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 24d. LOCATION (City, town, or county) (State) St. James, MO |
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| DATE REC'D BY LOCAL REG. 9-28-1956 | REGISTRAR'S SIGNATURE Rud. B. Powell | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prof. E. Lieblid - St. James, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

Phelps County Health Officer

County File Number 538

Date Filed 10-2-56

10 OCT 15 1956

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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 me, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Orville E. Licklider

Licensed Embalmer No. 354

P. O. Address St. James

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.