

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41238**

FILED DEC 31 1956

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) a. STATE Mo b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany		c. LENGTH OF STAY (in this place) 4 Months		c. CITY OR TOWN Fairport		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 Sullivan Rest Home				e. STREET ADDRESS (If rural, give location) 02201			
3. NAME OF DECEASED (Type or Print) Ula		a. (First)		b. (Middle) Lee		c. (Last) Mc Millan	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-20-1875	
9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James Whitman		13b. MOTHER'S MAIDEN NAME Allie Porter		14. NAME OF HUSBAND OR WIFE Fred Mc Millan	
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. XXXXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME Fred Mc Millan		ADDRESS Fairport 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2-3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident 6 mo DUE TO (c) Arteriosclerosis/Vascular Disease red. yrs				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 331x				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 8-3 , 1956, to 12-18 , 1956, that I last saw the deceased alive on 12-17 , 1956, and that death occurred at 7:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. Sutherland				23b. ADDRESS M.P. Bethany, Mo.		23c. DATE SIGNED 12-20-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-20-56		24c. NAME OF CEMETERY OR CREMATORY Fairport		24d. LOCATION (City, town, or county) (State) Fairport Mo.	
DATE REC'D BY LOCAL REG. 12/27/56		REGISTRAR'S SIGNATURE Zola Burris		25. FUNERAL DIRECTOR'S SIGNATURE John Brown		ADDRESS Maysville Mo	

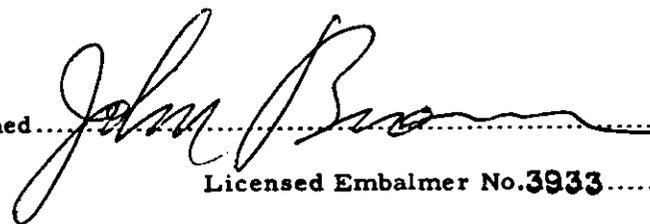
(Licensed Embalmer's Statement on Reverse Side)

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

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.....


Licensed Embalmer No. 3933.....

P. O. Address ...Mayeville-Mc

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.