THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

SL # 14290

29733
STATE FILE NUMBER

FILED AUG 26 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7027

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 35 VETS. ADM. HOSP. — Length of stay in Hospital: 5 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY 8120 4 — Inside Limits Yes X No ☐
32 STREET ADDRESS (If outside, give location): 105 KIRKPATRICK HOMES — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: FLOYD Middle: A Last: MC MILLEN
4. DATE OF DEATH: Month 7 Day 26 Year 57
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-28-33
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASSEMBLER
10b. KIND OF BUSINESS OR INDUSTRY: CHEVROLET PLANT
11. BIRTHPLACE (City and state or country): BIGGERS, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LUTHER MC MILLEN
14. MOTHER'S MAIDEN NAME: GEORGIA RAMSEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): KOREAN
16. SOCIAL SECURITY NO.: 429-56-8940
17. INFORMANT: VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MASSIVE LEFT INTRACEREBRAL HEMORRHAGE(CAUSE UNDETERMINED)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): ACUTE BRONCHITIS.
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE
21. I attended the deceased from 7-21-57 to 7-26-57 and last saw him alive on 7-26-57
Death occurred at 9:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Paul A. Byrne (Degree or title) M. D.
22b. ADDRESS: VAH, ST. LOUIS, MISSOURI
22c. DATE SIGNED: 7-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-27-57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Pocahontas, Arkansas.
24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: JUL 29 57
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.F.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Dem

Licensed Embalmer No. 4

P. O. Address St. La

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.