

FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4159

State File No.

BIRTH NO. REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6/50 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY OR TOWN <u>New Lisbon Twp.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR Rural (New Lisbon township) c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R # 1 Sturdivant, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>R # 1, Sturdivant, Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Douglas</u>	c. (Last) <u>McMillon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 2, 1887</u>	9. AGE (In years last birthday) <u>70 7/16</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>	IF UNDER 4 HRS. Hours <u>10</u> Min. <u>30</u>
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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 <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jack McMillon</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Amy Mae McMillon</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>Yes</u>	16. SOCIAL SECURITY <u>486-14-2598</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Amy Mae McMillon, Sturdivant, Mo</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6-9 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			

19a. DATE OF OPERATION <u>June '57</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach with metastases</u>	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 4/13, 1957, to 1/1, 1958 that I last saw the deceased alive on 12/19, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bruce WMS</u> (Print or title)	23b. ADDRESS <u>Marble Hill Mo</u>	23c. DATE SIGNED <u>1/7/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/3/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo. Route</u>
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DATE REC'D BY LOCAL REG. <u>1/11/58</u>	REGISTRAR'S SIGNATURE <u>Paul Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons</u>	ADDRESS <u>Puxico, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Cause by death

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 *Earl M. Walker*

Licensed Embalmer No. *4964*

P. O. Address *Dexter, Mo.*

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.