

Health, Welfare, Public Service

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008949
STATE FILE NUMBER 282

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan 117		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 34 yrs.	d. STREET ADDRESS (If outside, give location) 2601 Union Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frank R. Millstead			4. DATE OF DEATH Month Day Year March 11, 1958.		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 1, 1897	9. AGE (In years last birthday) 60	10. FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Broker		10b. KIND OF BUSINESS OR INDUSTRY White Sales Co.	11. BIRTHPLACE (If outside, give county) Pattonburg Callatin, Missouri. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hayden Millstead		13b. MOTHER'S MAIDEN NAME Mahala Morris		14. NAME OF HUSBAND OR WIFE Nellie Millstead	
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. 491-09-3491	17. INFORMANT Address Mrs. Nellie Millstead St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>					INTERVAL BETWEEN ONSET AND DEATH 2-22-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					Months
DUE TO (c) <u>Mild Arteriosclerosis</u>					Yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					49. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>2-22-58</u> to <u>3-11-58</u> and last saw <u>him</u> alive on <u>3-11-58</u> Death occurred at <u>6:00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Robert W. Lieber, M.D.</u> (Degree & title)			22b. ADDRESS <u>St. Joseph, Mo</u>		22c. DATE SIGNED <u>3-13-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial-Removal 3/13/58</u>		23b. DATE <u>3/13/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	
24. FUNERAL DIRECTOR <u>Meierhpffer-Fleeman, Inc., St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 14 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Hankell</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE
New by all
3-24-58-09818
3-14-58

All diseases in Part I must be causally related.

MAR 25 1958

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 *Albert B. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.