

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030043  
STATE FILE NUMBER

FILED SEP 2 1958

Registration District No. 308 Primary Registration District No. 6047 Registrar's No. 29

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wentzville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Wentzville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R R #1</b>		Length of stay in 1b	d. STREET ADDRESS <b>R R #1</b>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lawrence</b> Middle <b>Everett</b> Last <b>McGill</b>			4. DATE OF DEATH Month <b>August</b> Day <b>10,</b> Year <b>1958</b>		
5. SEX <b>Male</b> <input type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>February 28, 1912</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Car Mechanic</b>	11. BIRTHPLACE (City and state or country) <b>Junction, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Charles McGill</b>		13b. MOTHER'S MAIDEN NAME <b>Cora ?</b>		14. NAME OF HUSBAND OR WIFE <b>Francis E. Milligan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-09-0670</b>	17. INFORMANT Address <b>Wentzville, Mo</b> <b>Lawrence McGill, Jr.</b> <b>RR #1</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>FEB. 1958</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>					
DUE TO (c) <b>4200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.)			
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 <b>Feb 21, 1958</b> , to <b>July 29, 58</b> and last saw her alive on <b>July 29, '58</b> Death occurred at <b>August 10, '58</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Lawrence McGill MD</i> (Degree or title)			22b. ADDRESS <b>St Louis 8 Mo</b>		22c. DATE SIGNED <b>8-11-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Wentzville, Missouri</b>	
24. FUNERAL DIRECTOR <b>T. J. Pitman, Wentzville, Mo.</b>			25. DATE RECD. BY LOCAL REG <b>Aug 16 1958</b>	26. REGISTRAR'S SIGNATURE <i>Monte F. [unclear]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Carlton Pitman*.....

Licensed Embalmer No. *4974*.....

P. O. Address *Wentzville,*.....

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.