

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017839

FILED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NO. 2104 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3120 EUCLID AVENUE | | d. STREET ADDRESS (If outside, give location) 3120 EUCLID AVENUE | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN CLAUDE McMILLEN | | 4. DATE OF DEATH Month Day Year APRIL 25, 1959 | |
| 5. SEX MALE | 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 AUGUST 31, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) WELLINGTON, KANSAS |
| 13a. FATHER'S NAME JOHN CAL McMILLEN | | 13b. MOTHER'S MAIDEN NAME CHRISTINA ANDERSON | 14. NAME OF HUSBAND OR WIFE ELEANOR G. McMILLEN |
| 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. 524-12-3079 | 17. INFORMANT Address 3120 EUCLID AVE. MRS. ELEANOR G. McMILLEN-KANSAS CITY, MO. |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Decompensation, Chronic</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>4+ Yrs</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>Aortic Regurgitation (Insufficiency)</i> | <i>10+ Yrs</i> |
| | DUE TO (c) <i>Rheumatic Aortic Valvulitis (Infective)</i> | <i>30+ Yrs?</i> |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Chronic Arterio Sclerosis & Hypertension 411X

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 p.m. | |

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|--|--|---|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 |
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21. I attended the deceased from July 1954 to April 25, 1959 and last saw him alive on April 8, 1959. Death occurred at 9:10 P. m. on the date stated above, and to the best of my knowledge from the causes stated.

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| 22a. SIGNATURE (Degree) <i>Robt. J. Boody, M.D.</i> | 22b. ADDRESS <i>217 Plaza Drive, Beebe, MO</i> | 22c. DATE SIGNED <i>4/27/59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 4 27 59 | 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. |
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| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 4-27-59 | 26. REGISTRAR'S SIGNATURE <i>neva minshall</i> |
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Robt. J. Boody
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.



011304mm

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 *Karman W. Larson*

Licensed Embalmer No. *4889*

P. O. Address *A.C., 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.