

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042606

FILED VS DEC 7 1960

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 177

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>																			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Length of stay in 1b <u>60 yrs</u>		c. CITY OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>431 S. Washington</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>431 S. Washington</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																
3. NAME OF DECEASED (Type or print) First Middle Last <u>Susan Helen Millsap</u>				4. DATE OF DEATH Month Day Year <u>Nov. 26, 1960</u>																			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/25/1870</u>		9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Oswego Kan.</u>				11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>											
13a. FATHER'S NAME <u>J. L. Lively</u>				13b. MOTHER'S MAIDEN NAME <u>Emma J. Buatte</u>				14. NAME OF HUSBAND OR WIFE <u>Eugene E. Millsap</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT <u>Pearl Barlow Lebanon Mo.</u> Address			
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>Cardio-vascular-renal disease</u>												INTERVAL BETWEEN ONSET AND DEATH <u>4 years.</u>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____																							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)																			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year																							
20d. INJURY OCCURRED WHILE AT WORK <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>1956</u> to <u>Nov 24, 1960</u> and last saw her <u>live</u> on <u>Nov 25, 1960</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																							
22a. SIGNATURE <u>H. Cunningham M.D.</u>						22b. ADDRESS <u>Lebanon, Mo.</u>						22c. DATE SIGNED <u>11-28-60</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/29/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>				23d. LOCATION (City, town, or county) <u>Lebanon, Missouri</u>				(State)											
24. FUNERAL DIRECTOR <u>Dorsey M. Howe Lebanon Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>11-29-1960</u>				26. REGISTRAR'S SIGNATURE <u>Hella L. Day</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. How

Licensed Embalmer No. 422

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.