

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 5157

Registrar's No. 147

AMENDED

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Auxvasse Twp		c. CITY OR TOWN Williamsburg	
Length of stay in lb minutes minutes		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Approx 3 1/2 Mi E Readsville		d. STREET ADDRESS (If outside, give location) R.F.D.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Travis	Middle Runyon	Last Million	4. DATE OF DEATH	Month June	Day 16	Year 1961
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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 11/23/1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR	IF UNDER 24 HR		
					Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Stockman	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Richmond, Ky.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME A. J. Million	13b. MOTHER'S MAIDEN NAME Frances Heathman	14. NAME OF HUSBAND OR WIFE Kathryn
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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) No	17. INFORMANT Address Mrs. Kathryn Million Williamsburg, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hemorrhage from rt. internal Cardotid		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rt. internal jugular vein	
	DUE TO (c) due to gun shot wound	
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Open Verdict	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) By Jury- As a result of a gunshot wound
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20c. TIME OF INJURY Hour 10:45 a.m. 10:45 p.m.	Month, Day, Year 6/16/61	inflicted in the right side of neck Fired by Gilbert Garrett.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) At Gilbert Garrett Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Approx 3 1/2 Mi E. Readsville Callaway
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21. I attended the deceased from **10:45 A.M.** to **10:45 A.M.** and last saw her/him alive on **June 16, 1961**
Death occurred at **10:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Denzil C. Browning coroner	22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED 6-23-61
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE June 18, 1961	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Fulton Mo
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24. FUNERAL DIRECTOR ADDRESS Hallaw Funeral Home Fulton, Mo.	25. DATE RECD. BY LOCAL REG. June 23 1961	26. REGISTRAR'S SIGNATURE Martha Lawrence
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. R. Moore*

Licensed Embalmer No. 4996

P. O. Address: Sutton, 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.