

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033469

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 152

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

11085

21085

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 28 1962	
1. PLACE OF DEATH	
a. COUNTY VERNON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada	a. STATE Mo. b. COUNTY VERNON
Length of stay in 1b 4 yrs 3 mos.	c. CITY OR TOWN Nevada
c. FULL NAME OF (If not a hospital, give location) Percyfield Nursing Home	d. STREET ADDRESS (If outside, give location) 1507 W Austin
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Ethel Middle D. Last Mc Millin	Month Aug - Day 20 - Year 1962
5. SEX F	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN-18-1883
9. AGE (last birthday) 79	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Halden, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John R. Mc Crabb.	13b. MOTHER'S MAIDEN NAME Viella Gullmore
14. NAME OF HUSBAND OR WIFE J.B. Mc Millin	Address
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. None
17. INFORMANT J.B. Mc Millin, 1507 W. Austin Nevada Mo.	INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Arteriosclerotic heart Disease CLII-UNKNOWN	
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) Cerebral AS. & Senile Psychosis	
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"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ s.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 May 1958 to Aug 20-1962 and last saw her/him alive on Aug-26-1962 Death occurred at 9:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) James A. Pascoe M.D.	22b. ADDRESS Nevada Mo.
22c. DATE SIGNED Aug 22, 62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial	23b. DATE Aug-23-62
23c. NAME OF CEMETERY OR CREMATORY Garnett Cemetery	23d. LOCATION (City, town, or county) Garnett Kansas
24. FUNERAL DIRECTOR Melvir G. Janssens, El Dorado Springs	25. DATE RECD. BY LOCAL REG. 8-22-1962
26. REGISTRAR'S SIGNATURE Arma & Jerry	

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 *Melvin L. Jensen*

Licensed Embalmer No. *4529*

P. O. Address *El Dorado Spgs.*

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.