No. 300
10.48

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16995

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6031 Registrar's No. 446

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Bever Dam
c. LENGTH OF STAY (In this place): 18years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Naylor Rt.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Bever Dam
d. STREET ADDRESS (If rural, give location): Naylor Rt. 1

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3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Rossie Lee Millikan

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1954

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Mar. 7, 1887
9. AGE (In years last birthday): 67 — If under 1 year: Months 2, Days 2 — If under 24 hrs.: Hours, Min.

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 Foreign Country): Clark Co. Ind. 1
12. CITIZEN OF WHAT COUNTRY?: U.S. a

13a. FATHER'S NAME: Calip Asberry
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William Millikan

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'S SIGNATURE OR NAME ADDRESS: Arthur L McDaniel 1411 Culbertson New Albany, Ind.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial
DUE TO (c) degeneration

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none 4222
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1954, *to* May 9, 1954, *that I last saw the deceased alive on* May 8, 1954, *and that death occurred at* 4 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E White MD
23b. ADDRESS: naylor mo
23c. DATE SIGNED: 5/12/54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 11, 1954
24c. NAME OF CEMETERY OR CREMATORY: Fairdealing
24d. LOCATION (City, town, or county) (State): Fairdealing, Mo.

DATE REC'D BY LOCAL REG.: 5-16-54
REGISTRAR'S SIGNATURE: E R Johnston 277 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gish Funeral Home Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Ryan McCord

Licensed Embalmer No. 4029

P. O. Address Naylor

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 this body is not embalmed, fact should be so stated above.