

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Pulaski.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville, Mo Rural		c. LENGTH OF STAY (in this place) Life.		c. CITY OR TOWN Waynesville, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION. None			e. STREET ADDRESS (If rural, give location) Rural Rt. 1.		
3. NAME OF DECEASED (Type or Print) a. (First) Harriet b. (Middle) Ellen c. (Last) McMillan			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 20, 1863		9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR: Months 7 Days 26	
11. BIRTHPLACE (City and State or Foreign Country) Waynesville, Mo Rural		12. CITIZEN OF WHAT COUNTRY? USA		13. IF UNDER 1 YEAR: 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 None		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/>	
13a. FATHER'S NAME Caleb Harrison		13b. MOTHER'S MAIDEN NAME Charity Saltzman		14. NAME OF HUSBAND OR WIFE Samuel McMillan	
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 Drue McMillan	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 wks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT - (Specify) SUICIDE HOMICIDE		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19 <u>45</u> , to <u>May 14, 1955</u> , that I last saw the deceased alive on <u>May 14, 1955</u> , and that death occurred at <u>1:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. H. Myers D.O.			23b. ADDRESS Richland, Missouri		23c. DATE SIGNED 5/16/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/17/55	24c. NAME OF CEMETERY OR CREMATORY Colley Hollow Cemetery		24d. LOCATION (City, town, or county) (State) Waynesville, Mo. Rural.
DATE REC'D BY LOCAL REG. 5-17-55		REGISTRAR'S SIGNATURE Pauline Crabtree		25. FUNERAL HOME, SIGNATURE, ADDRESS Hedges Funeral Home Richland, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-17-55
Public Health Office
File Number
Date Filed 5-31-55

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.....
Clarna Gross

Licensed Embalmer No. *4296*

P. O. Address *Waynesville*

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.