

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

61

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ATCHISON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>FAIRFAX</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (NORTH POLK TWP)</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX COMMUNITY HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>SANFORD</u> c. (Last) <u>MILLION</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10-3-1871</u>	
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>ATCHISON CO. MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>FRANCIS MILLION</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN ADKINSON</u>			14. NAME OF HUSBAND OR WIFE <u>DEC.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Million Jr.</u> ADDRESS <u>Rock Port, Mo</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis of brain</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>emphysema, previous cerebral hemorrhages & thromboses</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>3 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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 <u>1954</u> , 19 <u>54</u> , to <u>1-29</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-28</u> , 19 <u>56</u> and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Armand B. Collette M.D.</u>				23b. ADDRESS <u>Rock Port, Mo</u>		23c. DATE SIGNED <u>1-30-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGH CREEK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>WATSON, MO</u>		
DATE REC'D BY LOCAL REG. <u>Feb 1, 1956</u>		REGISTRAR'S SIGNATURE <u>Therwin H. Schaefer</u> 443		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARTHOLOMEW MORTUARY Rock Port,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gray Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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 this body is not embalmed, fact should be so stated above.