

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014713

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 32

VS 300
Rev. 4/59

1 1101
2 1101
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4 1
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9443X
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Potosi		Length of stay in 1b 5 years	c. CITY OR TOWN Potosi
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 Rosemary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 204 Rosemary
3. NAME OF DECEASED (Type or print) First Lula Middle Edith Last Mc Millin		4. DATE OF DEATH Month April Day 3 Year 1963	
5. SEX Female	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 8-10-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home-maker		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Huzzah, Missouri
13a. FATHER'S NAME James Sites		13b. MOTHER'S MAIDEN NAME Eunice Stanford	14. NAME OF HUSBAND OR WIFE John P. Mc Millin
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Kenneth Mc Millin Potosi, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
DUE TO (b) <u>Cardiac Failure</u>			<u>7 yrs</u>
DUE TO (c) <u>Hypertensive Cardiovascular disease</u>			<u>20 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.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 <u>3/23/63</u> to <u>4/2/63</u> and last saw her/him alive on <u>4/2/63</u> Death occurred at <u>4:15a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James E. Vander M.D.</u>		22b. ADDRESS <u>634 Cedar Bismarck</u>	22c. DATE SIGNED <u>4/5/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-5-1963	23c. NAME OF CEMETERY OR CREMATORY Sanders Cemetery	23d. LOCATION (City, town, or county) (State) Huzzah Missouri
24. FUNERAL DIRECTOR ADDRESS Donald Sparks Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 4/5/63	26. REGISTRAR'S SIGNATURE <u>Helmut Wald</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Catoxi, 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.