

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019177
STATE FILE NUMBER

Registration District No. **042** Primary Registration District No. **1000** Registrar's No. **648**

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 5 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph,		Length of stay in 1b 3hrs	c. CITY OR TOWN St. Joseph, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2713 So 19th Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Kevin Middle Lee Last McMillian			4. DATE OF DEATH Month May Day 27 Year 1963		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 27, 1963	9. AGE (last birthday) ____	IF UNDER 1 YEAR Months ____ Days ____	IF UNDER 24 HR Hours 3 Min. ____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and state or country) St. Joseph, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Bobby L. McMillian	13b. MOTHER'S MAIDEN NAME Kasumi Mits	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT Bobby L. McMillian Address St. Joseph, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity (5 1/2 mos. gestation) & weighed about 1 1/2 lbs.		INTERVAL BETWEEN ONSET AND DEATH 3 hours
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. maternal marginal Placenta Previa & Short Cord		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
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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.)
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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 _____
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21. I attended the deceased from 5-27-63 to 5/27/63 and last saw her ^{being} alive on 5-27-63 Death occurred at about 4:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Thompson P. Potter, M.D.	22b. ADDRESS 731 Faraon St St. Joseph, Mo.	22c. DATE SIGNED 5-28-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/28/63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
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24. FUNERAL DIRECTOR John C. Kuepfer	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. June 3, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Woodell
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VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
T.E. Potter, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

1 **5117**
2 **5117**

3

4 **0**

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6

7 **0**

8 **2**

9 **761.5**

10

11

12 **3-0**

13 **1-0**

