

STANDARD CERTIFICATE OF DEATH

State File No. 275

No. 300
10.48

FILED AUG 14 1953

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 5/2/53	c. CITY (If outside corporate limits, write RURAL and give township) Center		d. STREET ADDRESS (If rural, give location) 0640
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Edwin Alexander Millon			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 17, 1889		9. AGE (In years last birthday) Months Days Hours Min. 63 8 29
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ralls County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Jefferson Davis Millon		13b. MOTHER'S MAIDEN NAME Sarah Jane Rice		14. NAME OF HUSBAND OR WIFE Cora Strode	
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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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. J. Cowden Center Missouri			
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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) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocardial Arteriosclerosis			
	DUE TO (c) Polyseritis			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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			
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22. I hereby certify that I attended the deceased from 5/2/53, 19 , to 7/16/53, 19 , that I last saw the deceased alive on 7/15/53, 19 , and that death occurred at 7:40 am., from the causes and on the date stated above.

23a. SIGNATURE L. Murphy M.D.		(Degree or title)	23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 7/27/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/18/53	24c. NAME OF CEMETERY OR CREMATORY Barkley	24d. LOCATION (City, town, or county) (State) New London Missouri		
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DATE REC'D BY LOCAL REG. 7-30-53	REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. C. Fisher		FUNERAL DIRECTOR'S SIGNATURE H. Crawford Smith		ADDRESS Hannibal Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 1953
MARION CO. HEALTH DEPT.
DATE FILED AUG 12 1953

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 John S Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.