

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12418**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton,		c. CITY OR TOWN Carrollton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 years		e. STREET ADDRESS (If rural, give location) 8 South Maple	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 South Maple			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Francis c. (Last) Millard			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 5, 1964	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Icabod Howland		13b. MOTHER'S MAIDEN NAME Martha Francis Dryden		14. NAME OF HUSBAND OR WIFE E.S. Millard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Glendon Walker Carrollton	

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) arteriosclerosis - generalized ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 4500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **18:55** to **19 Am**, 19**57**, that I last saw the deceased alive on **19 Apr 19 57** and that death occurred at **11:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE E. Warren Allen MD (Degree or title)		23b. ADDRESS Carrollton Mo		23c. DATE SIGNED 20 Apr 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/57		24c. NAME OF CEMETERY OR CREMATORY Wakenda Cemetery	
				24d. LOCATION (City, town, or county) (State) Carroll County Missouri	

DATE REC'D BY LOCAL REG. 4/22/57		REGISTRAR'S SIGNATURE Mrs. Verlene Clark		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home Carrollton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

45-0

APR 30 1951

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..... *R. M. Marshall Jr*

Licensed Embalmer No.....4469...

P. O. AddressCarrollton, ..

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.