

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014059

STATE FILE NUMBER

FILED MAY 6 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 110

300  
1-57

Diane Matthews

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Licking Stov.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Chillicothe</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>North Carrollton 4 miles</i> 0170 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Marian's Rest Home</i>		Length of stay in lb <i>6 months</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Genevra Millemon</i>			4. DATE OF DEATH Month Day Year <i>4. 19-59</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 9<sup>th</sup> 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>House work.</i>	9. AGE (In years last birthday) <i>88</i>
11. BIRTHPLACE (City and state or country) <i>Quincy Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Western Metcalf</i>		13b. MOTHER'S MAIDEN NAME <i>Eveline Trimble</i>	
14. NAME OF HUSBAND OR WIFE <i>Charles Millemon</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Arthur Western Metcalf, Carrollton Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarct</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 Day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebro-vascular accident</i>			<i>1 Week</i>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized arteriosclerosis</i>			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.) <i>331X</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <i>August 21, 1958</i> to <i>4-21-59</i> and last saw her alive on <i>4-17-59</i> Death occurred at <i>6:00</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Sandra Matthews J.D.</i>		22b. ADDRESS <i>2 812 Clay St. Chillicothe, Missouri</i>	22c. DATE SIGNED <i>4-20-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-21-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>
		23d. LOCATION (City, town, or county) (State) <i>Carrollton Mo.</i>	
24. FUNERAL DIRECTOR <i>Marshall Funeral Home</i>		ADDRESS <i>Carrollton Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>4/21/59</i>
		26. REGISTRAR'S SIGNATURE <i>Francis B. Newell</i>	

APR 21 1967

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 Samuel M. Rice, Student Embalmer No. 577 working under my personal supervision.

Student Samuel M. Rice  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4469  
P. O. Address [Signature]

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.