MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016585
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0535
2 0535 2
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4 1
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 100

FILED MAY 13 1963

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 25 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 253 Van Buren Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Millard Last:
4. DATE OF DEATH Month: May Day: 7 Year: 1963
5. SEX F
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 7/16/1872
9. AGE (last birthday) 90
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dallas Co. Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Dame
13b. MOTHER'S MAIDEN NAME Elizabeth Morrow
14. NAME OF HUSBAND OR WIFE W. F. Millard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None NO.
17. INFORMANT B. E. Millard Address Lebanon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic + hypertensive ht. dis.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture rt. hip
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home + fractured rt. hip
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5-1-63
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-3-56 to 5-7-63 and last saw her alive on 5-7-63
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B B Hurst, M.D.
22b. ADDRESS 255 N. ADAMS, LEBANON, MO
22c. DATE SIGNED 5-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/9/1963
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
24. FUNERAL DIRECTOR ADDRESS Dorsey M. Howe Lebanon, Mo.
25. DATE REC'D. BY LOCAL REG. 5-9-1963
26. REGISTRAR'S SIGNATURE Nella L. Day

(Licensed Embalmer's Statement on Reverse Side)

MAY 14 1963

MAY 20 1963

Permit issued 5-9-1963 H.L.H.

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.