

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

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

FILED MAY 13 1963

VS.300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: <u>Missouri</u> COUNTY: <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Lebanon</u>		Length of stay in lb: <u>25 yrs.</u>	c. CITY OR TOWN: <u>Lebanon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Wallace Hosp.</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): <u>253 Van Buren</u>
3. NAME OF DECEASED (Type or print) First: <u>Minnie</u> Middle: <u>Millard</u> Last: _____			4. DATE OF DEATH: <u>May 7 1963</u>
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>7/16/1872</u>
9. AGE (last birthday): <u>90</u>		10. CITIZEN OF WHAT COUNTRY: <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: _____	
11. BIRTHPLACE (City and state or country): <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY: <u>U. S. A.</u>	
13a. FATHER'S NAME: <u>John Dame</u>		13b. MOTHER'S MAIDEN NAME: <u>Elizabeth Monow</u>	
14. NAME OF HUSBAND OR WIFE: <u>W. F. Millard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>no</u>	
16. SOCIAL SECURITY NO.: <u>none</u>		17. INFORMANT: <u>B. E. Millard</u> Address: <u>Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Arteriosclerotic + hypertensive ht. dis.</u> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH: <u>8 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Fracture rt. hip</u>			PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.): <u>Fell at home + fractured rt. hip</u>	
20c. TIME OF INJURY: Hour _____ a.m. _____ p.m. Month, Day, Year: <u>5-1-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): <u>at home</u>		20f. CITY, TOWN, OR LOCATION: _____ COUNTY: _____ STATE: _____	
21. I attended the deceased from <u>3-3-56</u> to <u>5-7-63</u> and last saw her alive on <u>5-7-63</u> . Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge; from the causes stated.			
22a. SIGNATURE (Degree or title): <u>B. B. Hurst, M.D.</u>		22b. ADDRESS: <u>255 N. Adams, Lebanon, Mo.</u>	
22c. DATE SIGNED: <u>5-9-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	
23b. DATE: <u>5/9/1963</u>		23c. NAME OF CEMETERY OR CREMATORY: <u>City Cemetery</u>	
23d. LOCATION (City, town, or county): <u>Lebanon, Mo.</u>		23e. STATE: _____	
24. FUNERAL DIRECTOR: <u>Dorsey Th. Howe</u> ADDRESS: <u>Lebanon, Mo.</u>		25. DATE REGD. BY LOCAL REG.: <u>5-9-1963</u>	
26. REGISTRAR'S SIGNATURE: <u>Hella S. Day</u>		27. _____	

MAY 14 1963

MAY 20 1963

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Permit issued 5-9-1963 M.S.M.

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.