

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25124

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Miller 0660</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller 0660</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eldon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Saline Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline Township</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>E.</u> c. (Last) <u>MILLGORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>	
8. DATE OF BIRTH <u>Sept. 25 1885</u>		9. AGE (To years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Miller Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Thomas Coats</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Millgore</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'S SIGNATURE OR NAME <u>Ross Millgore</u>	
				ADDRESS <u>Eldon</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertention</u> DUE TO (c) <u>arterio sclerosis</u>				
		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 <u>331X</u>				20. AUTOPSY? 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)			
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?			

22. I hereby certify that I attended the deceased from June 22, 1952, to June 26, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. O. Shelton M.D.</u>		(Degree or title)		23b. ADDRESS <u>Elton, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>June 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Elton, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>July 28, 52</u>		REGISTRAR'S SIGNATURE <u>Alvina W. Walt</u>		192-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Phillips</u>		ADDRESS <u>Elton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 14 1932

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Talbot

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.