

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

500

State File No.

FILED FEB 1 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5185 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cape Gir. Twshp.</u> c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		c. CITY OR TOWN <u>Rural Cape Gir. Twshp.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Girardeau R. R. 22 Box 585</u>		e. STREET ADDRESS (If rural, give location) <u>Cape Girardeau R.R. 2 Box 585</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>W.</u> c. (Last) <u>MARCHILDON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 15, 1876</u>	9. AGE (In years last birthday) <u>77</u> Months <u>5</u> Days <u>14</u>	10. IF UNDER 1 YEAR Hours <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Doctor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Thebes, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Cyrille A. Marchildon</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Warwick</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Marchildon</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John M. Marchildon Jr.</u> ADDRESS <u>Phoenix, Ariz</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIOVASCULAR DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDIOTIS</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>196X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7:10, 1953, to 8/29, 1954, that I last saw the deceased alive on 4/28, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. G. Summers</u> (Degree or title)	23b. ADDRESS <u>440 Cape Girardeau</u>	23c. DATE SIGNED <u>1/30/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Los Angeles, California</u>
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DATE REC'D BY LOCAL REG. <u>1-30-54</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home Cape Gir.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0028 7 2 1954

APR 26 1954

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 *Virgil H. Heleh*.....

Licensed Embalmer No. *416*.....

P. O. Address *Cape Lisa*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.