

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38027

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>RFD # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Elizabeth Millchard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1954</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September 24, 1878</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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 <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>Frederick Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Magdalene Bernhs</u>	14. NAME OF HUSBAND OR WIFE <u>Charles J. Millchard (Deceased)</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>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Glascock, Hannibal Missouri</u>	ADDRESS <u></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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5-10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Cardiac Fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Small Bladder Disease</u>			<u>4201</u>

19a. DATE OF OPERATION <u>10-26-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Dilated Gall Bladder + stones</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 10-16, 1954, to 11-3, 1954, that I last saw the deceased alive on 11-3, 1954, and that death occurred at 11:40 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u></u>	23b. ADDRESS <u>Hannibal MO</u>	23c. DATE SIGNED <u>11-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/10/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Hannibal Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 18 1938
MARIGN CO. HEALTH DEPT.
DATE FILED NOV 18 1938

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.....
John S. Stand
Licensed Embalmer No...4540...

P. O. Address Hannibal Missouri

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.