

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38438

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6001 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. CHARLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. CHARLES</u>	
c. LENGTH OF STAY (in this place) <u>3 Mos</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 Box 431A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT 2 Box 431A</u>			

3. NAME OF DECEASED a. (First) <u>MARGARET</u> (Type or Print)			b. (Middle) <u>G.</u>			c. (Last) <u>MILLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 25 1954</u>		
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5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 15 1891</u>		9. AGE (In years last birthday) <u>63</u> If under 1 year: Months Days If under 2 hrs: Hours Min.	
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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>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CLAYTON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JOHN H. GIVANS</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH E. LIPSCOMB</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT L. MILLS (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>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert C. Mills</u>		ADDRESS <u>RR 2 St. Charles</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abscess & carcinoma of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>TAIL of Pancreas</u> <u>2 meters to liver</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157 X</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION <u>9-21-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abscess & carcinoma of Pancreas.</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)		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 8-30-54 to 11-25-54, that I last saw the deceased alive on 11-21-54 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>November 27 1954</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>NOV. 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Nov 27 1954</u>		REGISTRAR'S SIGNATURE <u>Bonnie Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. L. Prinster</u>		ADDRESS <u>St. Charles Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0920

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 _____

Robert M. Murray

Licensed Embalmer No. _____

3749

P. O. Address _____

St. Louis 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 this body is not embalmed, fact should be so stated above.