

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39357**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jackson	c. LENGTH OF STAY (In this place) 4 yrs.	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (10)
d. FULL NAME OF HOSPITAL OR INSTITUTION BLOOMSDALE MO STAR ROUTE		e. STREET ADDRESS (If rural, give location) BLOOMSDALE MO STAR ROUTE	

3. NAME OF DECEASED (Type or Print) Eller Milican			4. DATE OF DEATH (Month) (Day) (Year) NOV 17 55			
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 15, 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Monroe Co. Mississippi U.S.A.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Green Faulkner		13b. MOTHER'S MAIDEN NAME Malinda Barton		14. NAME OF HUSBAND OR WIFE Mack Milican	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.B. Chene Bloomsdale Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Generalized arteriosclerosis		?	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min)		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 **Nov 19**, 19**55**, to **Nov 17**, 19**55**, that I last saw the deceased alive on **Nov 17**, 19**55**, and that death occurred at **10:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Rb. Lanning M.D.		(Degree or title)		23b. ADDRESS Ste. Genevieve Mo.		23c. DATE SIGNED 11/18/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE NOV 20 1955		24c. NAME OF CEMETERY OR CREMATORY THOMPSON CEMETERY AMORY		24d. LOCATION (City, town, or county) (State) 141 R.S.	
DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Lucille Barber 481		5. FUNERAL DIRECTOR'S SIGNATURE Leic. Barber Ste. Genevieve Mo		ADDRESS	

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

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 *William J. Ehle*.....
Licensed Embalmer No. *479*
P. O. Address *St. Genevieve*

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.