

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035838

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cameron</b>		c. CITY OR TOWN <b>Cameron</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>619 West Prospect Life</b>		d. STREET ADDRESS (If outside, give location) <b>619 West Prospect</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Margaret Ann Millard</b>		4. DATE OF DEATH Month Day Year <b>Oct. 25 1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Decatur Ill.</b>
13a. FATHER'S NAME <b>John Mullins</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Bassett</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Dick Woods Cameron Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>4500</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1946</u> to <u>Oct 25 1958</u> and last saw her alive on <u>Oct 25 1958</u> Death occurred at <u>4 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. J. Kunes MD</i> (Degree or title)		22b. ADDRESS <b>Cameron, Mo</b>	22c. DATE SIGNED <b>10-27-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 28 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cameron Mo.</b>
24. FUNERAL DIRECTOR <b>Poland Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 31-58</b>	26. REGISTRAR'S SIGNATURE <i>Francis D. Crawford</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

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 *Robert F. Poland* .....

Licensed Embalmer No. *4777*  
*222*  
P. O. Address *Cameron 97* .....

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.