

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043521  
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 65

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1-57

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville - City		c. CITY OR TOWN Keytesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb days		d. STREET ADDRESS RFD	

3. NAME OF DECEASED (Type or print) First Middle Last JENNIE MILGROVE			4. DATE OF DEATH Month Day Year 12/25/58		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1866	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months Days 2 15	11. IF UNDER 24 HRS. Hours Min. 0 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Chariton Co. - Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Spencer Wheeler	13b. MOTHER'S MAIDEN NAME Margaret Givens	14. NAME OF HUSBAND OR WIFE Robert (dec)
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Rosella Fife Moberly, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ch. myocarditis</i>		INTERVAL BETWEEN ONSET, AND DEATH <i>about 2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>H222</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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
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21. I attended the deceased from *Aug 10, 1957 p.* to *Dec. 25, 1958* and last saw her alive on *Dec. 24, 1958*  
Death occurred at *9:20* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Carl C. Meyer</i>	(Degree or title) <i>M.D.</i>	22b. ADDRESS <i>Keytesville Mo</i>	22c. DATE SIGNED <i>12/26/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>R</i>	23b. DATE <i>12/27/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Corinth</i>	23d. LOCATION (City, town, or county) (State) <i>Keytesville, Mo</i>
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24. FUNERAL DIRECTOR James McLoughlin	ADDRESS Marceline, Mo	25. DATE RECD. BY LOCAL REG. <i>12/28/58</i>	26. REGISTRAR'S SIGNATURE <i>W. H. ...</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *James B. McClelland* .....

Licensed Embalmer No. *4230* .....

P. O. Address *Brookfield, Me* .....

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.