

FILED MAR. 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4435

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 32

0350
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Baller Ind. Twp, 4ya</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baller Ind. Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Star Rt 0350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marlin</u> b. (Middle) <u>Adison</u> c. (Last) <u>Milton</u>			4. DATE OF DEATH (?) (th) (Day) (Year) <u>9-20-50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Sp. 615) <u>Widowed</u>	8. DATE OF BIRTH <u>10-10-1874</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>4</u> IF UNDER 24 HRS. Days <u>9</u> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Wyersville Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>usa</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leslon Millox Baller</u> ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Inflammation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>4222</u>	
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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at _____ m., from the causes and on the date stated above. DEATH OCCURRED

23a. SIGNATURE <u>Victor E. Hartman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>2-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Sp. 615) <u>Burial</u>	24b. DATE <u>2-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Stule Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-22-1950</u>	REGISTRAR'S SIGNATURE <u>Earl Husband</u>	90	FUNERAL DIRECTOR'S SIGNATURE <u>Herman Ward</u> ADDRESS <u>Stule Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-27-50

COUNTY FILE NUMBER 250-72

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.