

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7743**  
288

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <b>29 7/8</b>	
c. LENGTH OF STAY (in this place) <b>5 Mon.</b>		d. STREET ADDRESS (If rural, give location) <b>1000 W 72nd St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>624 Prospect Rose Leon Nursing Home</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 10 1950</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>		b. (Middle) <b>Spillman</b>	
c. (Last) <b>Milbank</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>21 Nov. 1859</b>		9. AGE (In years last birthday) <b>90</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri (I)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Treasler</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia</b>	
14. NAME OF HUSBAND OR WIFE <b>George Milbank</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <b>Mrs Emma C. Milbank 30 me.</b>	
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) <b>myocardial infarction</b> ANTECEDENT CAUSES <b>Chronic Hypertension 2 yrs</b> 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.	
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) (Minute)		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 <b>Mar 10, 1950</b> , to <b>Mar 10, 1950</b> , that I last saw the deceased alive on <b>Mar 9, 1950</b> , and that death occurred at <b>2:45 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Wm. J. Treasler, M.D., St. Joseph, Mo.</b>		23b. ADDRESS	
23c. DATE SIGNED <b>3/10/50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>4/10 Mar. 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Not Given</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCURE, K.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar 13, 1950</b>		REGISTRAR'S SIGNATURE <b>H. L. Jenkins 382</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-482117  
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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 V

V Student Embalmer No. V

working under my personal supervision.

Student V  
Student Embalmer

Signed Max E Meyer

Licensed Embalmer No. 4555

P. O. Address Wanda City, 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.