

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12275

State File No. _____

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5237</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cedar township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cedar</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Cedar township</u>		d. STREET ADDRESS (If rural, give location) <u>Rd. 1, Montevello, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rd. 1, Montevello, Mo</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Benjamin</u>		b. (Middle) <u>Franklin</u>		c. (Last) <u>Milam</u>		(Month) (Day) (Year) <u>April 17, 1950</u>	
(Type or Print)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 30, 1879</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>			
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas Milam</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hargrow</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>- -</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clarence Hading, Montevello, Mo</u>		ADDRESS <u>Montevello, Mo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				<u>17 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				<u>334X</u>	
		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)		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 <u>1 Apr</u> , 1950, to <u>17 Apr</u> , 1950, that I last saw the deceased alive on <u>16 Apr</u> , 1950, and that death occurred at <u>9:39 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Hill M.D.</u>				23b. ADDRESS <u>Eldorado Springs, Mo.</u>		23c. DATE SIGNED <u>17 Apr, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		24d. LOCATION (City/town, or county) (State) <u>Altamont, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>APRIL 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Rev. Ed. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. ...</u>		ADDRESS <u>Eldorado Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District No. Number 3-50427
Date Filed 4-27-50

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
Student Embalmer

Signed

James E. Kuchlerman

Licensed Embalmer No. 4573

P. O. Address

E. Darab...

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.