

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13781**
Registrar's No. **228**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 228	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) Joplin		a. STATE Missouri		b. COUNTY Jasper	
c. LENGTH OF STAY (In this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS 2406 Willard Avenue		0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2406 Willard Avenue				d. STREET ADDRESS (If rural, give location) 2406 Willard Avenue			
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) Burton		(Month) (Day) (Year) May 3, 1950		b. (Middle) F.		c. (Last) MILNER	
(Type or Print)							
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 22, 1889		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR	
				80		5 Months 11 Days	
						IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY Machinery		11. BIRTHPLACE (State or foreign country) Bellefontaine, Ohio	
13a. FATHER'S NAME Grammer Milner				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Esther M Milner	
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'S SIGNATURE OR NAME Esther Milner			
				ADDRESS 2406 Willard Joplin, Mo.			
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) Cerebral Hemorrhage fatal					
*This does not mean the mode of dying, such as heart failure, asthenia, 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) Hypertension					
		DUE TO (c) Arterio sclerosis generalised					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				331X	
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)			
None		None		None			
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 April 24, 1950 , to May 3, 1950 , that I last saw the deceased alive on 5-3-1950 , and that death occurred at 12:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Walter H. James M.D.				23b. ADDRESS Joplin Home Bldg. Joplin		23c. DATE SIGNED 5/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
DATE REC'D BY LOCAL REG. 5-5-50		REGISTRAR'S SIGNATURE Walter H. James		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.	

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

RECEIVED 5-8-50

Jasper County Health Office

County File Number 50-4-380

Date Filed 5-8-50

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 *Charles E. Frey*

Licensed Embalmer No. 47681

P. O. Address *Joplin*

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.