

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19044

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 4002	
c. LENGTH OF STAY (In this place) 2 yrs/10		d. STREET ADDRESS (If rural, give location) 3543 Westridge Lane, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State School			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Richard c. (Last) Milburn			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1950		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Mar. 19, 1934		9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Clayton, Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Richard R. Milburn			13b. MOTHER'S MAIDEN NAME Cleta McCarter			14. NAME OF HUSBAND OR WIFE none		
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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'S SIGNATURE OR NAME Missouri State School		ADDRESS Marshall, Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition, ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anorexia, DUE TO (c) He was a spastic and an idiot II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. He was a dwarf.						INTERVAL BETWEEN ONSET AND DEATH 16 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) none				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 9-20-1949, to 5-16-50, 1950, that I last saw the deceased alive on 5-16-1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Frank Nichols (Degree or title) M.D.		23b. ADDRESS Missouri State School, Marshall, Mo		23c. DATE SIGNED 5-16-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-17-1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. May 17-1950		REGISTRAR'S SIGNATURE Sidney T Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger		ADDRESS Marshall Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

0970
2

Rural

RECEIVED MAY 22 1950
District Health Officer No. 8;

District File Number _____

Date Filed 5/22/50

0561 7 NDC

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 Joseph R. Macklin

Signed _____
Student Embalmer

Licensed Embalmer No. 4571

P. O. Address Marshall, Ga

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.