

FILED JUL 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21825

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5604

1. PLACE OF DEATH
 a. COUNTY **None**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis**
 c. LENGTH OF STAY (In this place) **6 days**
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **Homer G. Phillips Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Alabama**
 b. COUNTY
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Eclectic**
 d. STREET ADDRESS (If rural, give location) **Star Route 8**

3. NAME OF DECEASED (Type or Print) a. (First) **Aaron** b. (Middle) **MILLINER** c. (Last) **MILLINER** 4. DATE OF DEATH (Month) (Day) (Year) **June 22, 1950**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 15, 1883** 9. AGE (In years last birthday) **67**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Eclectic, Alabama** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Aaron Milliner** 13b. MOTHER'S MAIDEN NAME **Mamie Floyd** 14. NAME OF HUSBAND OR WIFE **Ceola Milliner**

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. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Josie Polk, 4322 Cottage Ave.**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Heart Disease**
 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **H43X**

22. I hereby certify that I attended the deceased from June 16, 19 50, to June 22, 19 50, that I last saw the deceased alive on June 22, 19 50, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Josie Polk, C.M.D.** 23b. ADDRESS **2902a Laclede Ave.** 23c. DATE SIGNED **6/23/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6/27/1950** 24c. NAME OF CEMETERY OR CREMATORY **-** 24d. LOCATION (City, town, or county) (State) **Montgomery, Alabama**

DATE REC'D BY LOCAL REG. **JUN 27 1950** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Charles J. Gates, 4107 Finney Ave.**

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John K Cunningham*
Licensed Embalmer No. **4476**

P. O. Address **4107 Finney Ave.**

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.