

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3604

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6218 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Hloerietz</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Hloerietz</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>MILLIGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 18 - 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>Mar. 10. 1896</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Now Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Milligan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Milligan</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Waddilow</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>S. Ray Milligan Sheldon Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>442X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Chronic prostatic & nephritic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>rick edema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 19, to 19, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. Bannister M.D.</u>	23b. ADDRESS <u>Sheldon Mo</u>	23c. DATE SIGNED <u>1-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oliver Branch</u>
		24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo</u>

DATE REC'D BY LOCAL REG. <u>Jan 22 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Feathers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Gerald Deeny Sheldon</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

080

DEPARTMENT OF HEALTH OF MO.
District No. 3 - Springfield

RECEIVED JAN 30 1951

Dist. File 157-253

Date Filed 1-30-51

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 _____

L. Gerald Berry

Licensed Embalmer No. _____

420 B

P. O. Address _____

Shelton, 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.