

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9018

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	c. LENGTH OF STAY (In this place) township) <u>13 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> <u>0495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1910 Penn</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARGARET</u>	b. (Middle) <u>MILLIGAN</u>	c. (Last) <u>MILLIGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-51</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP 28, 1883</u>	9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) <u>HOUSE DUTY</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (State or foreign country) <u>Stockton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>MARGRETT ACKASON</u>	14. NAME OF HUSBAND OR WIFE <u>W.A. MILLIGAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.A. Milligan</u>	ADDRESS <u>1910 Penn</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7-3-48</u>
	ANTECEDENT CAUSES <u>Cardio vascular renal disease</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-14, 1938, to 3-20, 1951, that I last saw the deceased alive on 3-20, 1951, and that death occurred at 12:42 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>	23c. DATE SIGNED <u>3-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM. PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-21-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>TORLBUIT-GLOVER MORT</u>	ADDRESS <u>422</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495
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RECEIVED 3-26-51
Jasper County Health Office

County File Number 51-3-252

Date Filed 3-26-51

JAN 28 1954

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

Lloyd E. Mc Cord

Student Embalmer No. 398

working under my personal supervision.

Student Lloyd E. Mc Cord
Student Embalmer

Signed Pat Hale

Licensed Embalmer No. 4771

P. O. Address Joplin, 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.