

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9458

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 438L Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont - rural 0740	
c. LENGTH OF STAY (in this place) 5 mo.		d. STREET ADDRESS (If rural, give location) 7 miles northeast	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. J. Lister home			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) HARRY c. (Last) MILBANK			4. DATE OF DEATH (Month) (Day) (Year) 3 13 51		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH 10/20/84	9. AGE (In years last birthday) 66	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (State or foreign country) Troy, Illinois	

13a. FATHER'S NAME Samuel Milbank	13b. MOTHER'S MAIDEN NAME Rebecca Yendel	14. NAME OF HUSBAND OR WIFE Flora Clemmons Milbank
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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 Mrs. Chas. H. Milbank, Clearmont, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>amyotrophic lateral sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
	ANTECEDENT CAUSES <i>unknown</i>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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) (Min)	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 1/1, 1951, to Mar. 13, 1951, that I last saw the deceased alive on 3/11, 1951, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. H. ...</i> (Degree or title) M. D.	23b. ADDRESS Hopkins, Missouri	23c. DATE SIGNED 3/14/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/15/51	24c. NAME OF CEMETERY OR CREMATORY Braddyville	24d. LOCATION (City, town, or county) (State) Braddyville, Iowa
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DATE REC'D BY LOCAL REG. 3-17 51	REGISTRAR'S SIGNATURE <i>Bess ...</i> 229	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert L. Sauter*.....

Licensed Embalmer No. *4787*.....

P. O. Address *Maryville, 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.