

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20802**

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **4333** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) No Street Numbers	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers			

3. NAME OF DECEASED (Type or Print)	a. (First) Golden	b. (Middle) G.	c. (Last) Milburn	4. DATE OF DEATH (Month) (Day) (Year) June 5th 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 2, 1889	9. AGE (In years last birthday) 62	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard	10b. KIND OF BUSINESS OR INDUSTRY Missouri Prison	11. BIRTHPLACE (State or foreign country) Morgan County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Milburn	13b. MOTHER'S MAIDEN NAME Hannah Yows	14. NAME OF HUSBAND OR WIFE Minnie Bell Milburn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-10-5390	17. INFORMANT'S SIGNATURE OR NAME Minnie Bell Milburn	ADDRESS Clarksburg, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis			1 year
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug 10**, 19**50**, to **June 5**, 19**51**, that I last saw the deceased alive on **June 5**, 19**51**, and that death occurred at **2 p m.**, from the causes and on the date stated above.

23a. SIGNATURE Kenyon Latham M.D. (Degree or title)	23b. ADDRESS California, Ill	23c. DATE SIGNED 6-6-51
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24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Tipton S.E. Missouri
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DATE REC'D BY LOCAL REG. 6-8-51	REGISTRAR'S SIGNATURE N.R. Poppey L.R.	25. FUNERAL DIRECTOR'S SIGNATURE Samuel E. Kitchell	ADDRESS Tipton, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-19-51 _____

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 Jessie E. Richard

Licensed Embalmer No. 2464

P. O. Address Lipton, 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.