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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21114**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) Kailville	
c. LENGTH OF STAY (in this place) 4 das.		d. STREET ADDRESS (If rural, give location) 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) ARTHUR	c. (Last) MILSTER	4. DATE OF DEATH (Month) (Day) (Year) June 15, 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 May 15, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours 0	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor, painter, and paper hanger.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kingman, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles W. Milster	13b. MOTHER'S MAIDEN NAME Adelia Barber	14. NAME OF HUSBAND OR WIFE Doshie Moore
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis		Instantaneous
	ANTECEDENT CAUSES DUE TO (b) Coronary sclerosis and hypertension		Unknown
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arterio-sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 June 11, 1951 to June 15, 1951, that I last saw the deceased alive on June 15, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>John A. Brennan M.D.</i>	(Degree or title)	23b. ADDRESS State Hospital No. 4, Farmington, Mo.	23c. DATE SIGNED 6-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenville Cemetery	24d. LOCATION (City, town, or county) (State) Greenville, Mo.
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DATE REC'D BY LOCAL REG. June 16, 1951	REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home, Piedmont, Missouri	ADDRESS
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

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 *B. K. Dugal*

Signed.....
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address Lawrenceville, Ga

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.