

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23508**

FILED JUL 17 1951

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **5609** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Latour	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home, Latour, Mo.		d. STREET ADDRESS (If rural, give location) XXXX	

3. NAME OF DECEASED a. (First) CARY b. (Middle) C c. (Last) MILAM			4. DATE OF DEATH (Month) (Day) (Year) July 10 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 13, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days 11 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY own business		11. BIRTHPLACE (State or foreign country) Lees Summit, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Milton Milam		13b. MOTHER'S MAIDEN NAME Molly Mary Wheat		14. NAME OF HUSBAND OR WIFE Dovie E. Milam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dovie E. Milam, Latour, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinomatosis		DUE TO (b) primary in bladder			
		ANTECEDENT CAUSES		DUE TO (c) Gen Arteriosclerosis			
		<p>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</p>		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 4, 1949** to **July 10, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Killer Rawlins M.D.		23b. ADDRESS Holden Mo		23c. DATE SIGNED 7/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 14 '51		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Latour, Missouri	

DATE REC'D BY LOCAL REG. July 12, 1951		REGISTRAR'S SIGNATURE Mrs G V Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday and Ropp, Holden, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0510

JOHNSON COUNTY HEALTH DEPT.
RECEIVED
JUL 14 1951
JUL 14 1951

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 W. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.