

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32671**

FILED NOV 13 1951

BIRTH NO. 66675-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1119

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buch</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph, Mo</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		011.7	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2411 St Joseph Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u>		b. (Middle) <u>Kay</u>		c. (Last) <u>Milbourn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 25 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>10-25-51</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	<u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>St Joseph, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Kenneth Wayne Milbourn</u>		13b. MOTHER'S MAIDEN NAME <u>Jean Jean Main</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Ed Main</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed Main</u>		ADDRESS <u>St Joseph, Mo.</u>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Prematurity (6MO)</u>			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>774X</u>						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 <u>25 Oct</u> , 19 <u>51</u> , to <u>25 Oct</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>25 Oct</u> , 19 <u>51</u> , and that death occurred at <u>8:25 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clemens P. ...</u>				23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>26 Oct 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cas...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Federal House</u>		ADDRESS <u>St Joseph</u>	

(Licensed Embalmer's Statement on Reversal Sign)

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

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 *John Roy Starnes*

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.