

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37456  
State File No. ....  
5118

FILED DEC 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived in institution residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3/28</u>	
d. FULL NAME OF DECEASED (If in hospital or institution, give street address & location) <u>Christophine Bass</u>		d. STREET ADDRESS (If rural, give location) <u>920 Holmes 210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u>	b. (Middle) <u>MARIAN</u>	c. (Last) <u>MILBY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-28-51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>6-12-1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Book Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kent, Del</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Geo. W. Milby</u>	13b. MOTHER'S MAIDEN NAME <u>Elysieth V. Cooper</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or division of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>330-01-7469</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donachy M. Zimmerman</u>	920 ADDRESS <u>Nalme</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral lobar Pneumonia</u>			<u>days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>Malnutrition</u>		<u>months</u>
	DUE TO (c) <u>Abdominal adhesions</u>		<u>years</u>
	II. OTHER SIGNIFICANT CONDITIONS		<u>490x</u>
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Minute)	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 8-28, 1951, to 11-28, 1951, that I last saw the deceased alive on 11-28, 1951, and that death occurred at 9:35Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank T. Machovec, D.O.</u>	23b. ADDRESS <u>216 Hayfield Ave.</u>	23c. DATE SIGNED <u>11-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCarl Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Perry - Del</u>
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DATE REC'D BY LOCAL REG <u>11-29-51</u>	REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Thelma Holmes</u>	ADDRESS <u>KC MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *George A. Reising* .....

Licensed Embalmer No. *4468* .....

P. O. Address *KC, Kans* .....

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.