

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 31 1952

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6264 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Hazelwood Town</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. - 1 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH ELMER</u> b. (Middle) <u>MILLIGAN</u> c. (Last) <u>MILLIGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-52</u>		
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-30-1881</u>	
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>6</u> 11. DAYS <u>11</u>		12. IF UNDER 1 YEAR Hours <u>05</u> Min. <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WIMBERLY</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MINNIE MILLIGAN SEYMOUR</u>	

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>Asphyxia & Ruptured mycotic Aneurysm of THORACIC Aorta, Into Med. ST. NOM.</u>		DUPLICATE (b) <u>Subacute Bacterial Endocarditis</u>			<u>3 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.		DUPLICATE (c) <u>Old Rheumatic fever with mitral Stenosis</u>				
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>410K</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 10-9, 1951, to 1-1, 1952, that I last saw the deceased alive on 1-1, 1952, and that death occurred at 6 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Gie D.O.</u>		23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>1-1-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>NO</u>		24b. DATE <u>1-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STAR</u>		24d. LOCATION (City, town, or county) (State) <u>SEYMOUR WEBSTER MO</u>	
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DATE REC'D BY LOCAL REG. <u>1-24-52</u>		REGISTRAR'S SIGNATURE <u>Robert Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly Terrell</u>		ADDRESS <u>Seymour Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

201

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.....

Licensed Embalmer No.....

P. O. Address.....

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.