S. No. 300
V. 10.48

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9118

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 83

644
1

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 2010 Chestnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 2010 Chestnut 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Julia A. Milton

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1952

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: December 29, 1859

9. AGE (In years last birthday): 92 — If under 1 year: Months 2, Days 23; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): XX

10b. KIND OF BUSINESS OR INDUSTRY: XX

11. BIRTHPLACE (State or foreign country): Gilroy California 1

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Thomas A. Baker

13b. MOTHER'S MAIDEN NAME: Mary Burner

14. NAME OF HUSBAND OR WIFE: Charles E. Milton (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Miss Mary Milton 2010 Chestnut Hannibal

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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. Generalized Arteriosclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4500

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15 *1952 to* March 22 *1952, that I last saw the deceased alive on* 22 Mar *1952, and that death occurred at* 11:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. J. Bell M.D. (Degree or title)

23b. ADDRESS: Hannibal Mo.

23c. DATE SIGNED: March 24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/25/1952

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Palmyra Missouri

DATE REC'D BY LOCAL REG.: 3/26/52

REGISTRAR'S SIGNATURE: H C Fisher / Deputy / Mrs E M Lucke

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: H. Crawford Smith Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 23 1952
MARION CO. HEALTH DEPT.
DATE FILED MAR 23 1952

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 John S Ward

Signed .....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.