

FILED JUL 14 1952

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19364

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5104 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Tom"</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Tom"</u>	
c. LENGTH OF STAY (In this place) <u>Wife</u>		d. STREET ADDRESS (If rural, give location) <u>N-W-Warsaw 7-mile</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N-W-Warsaw-7-mile</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAUNITA</u> b. (Middle) <u>MAY</u> c. (Last) <u>MILAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>May 13, 34</u>		9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>21</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>Benton Co. Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Bert. C. Milam</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Brown</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bert. C. Milam</u>	
				ADDRESS <u>Warsaw, RR</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion due to myocardial Failure due to</u>		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Continuous grand mal epilepsy</u>					
		DUE TO (c) <u>no treatment of benefit.</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>3531</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) (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 never, 19 , to never, 19 , that I last saw the deceased alive on never, 19 , and that death occurred at 7:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.W. Merrill M.D. Coronar 3</u>		23b. ADDRESS <u>Colo Camp, Mo</u>		23c. DATE SIGNED <u>7-5-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Benton Co.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>July 7-1952</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reese</u>		ADDRESS <u>Warsaw</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

0080

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 F. Reese*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.