

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27317

State File No. _____

FILED AUG 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>385</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>			
b. CITY OR TOWN <u>DOPLAR BLUFF</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>RURAH LIBERTY TWP.</u>		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 MILES SOUTHWEST OF BERNIE</u>			
3. NAME OF DECEASED a. (First) <u>WALTER</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>MILNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 3 52</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-24-1903</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lumber work</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Milner</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Williams</u>		14. NAME OF HUSBAND OR WIFE <u>PANSY ETHEL MILNER</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. T. Becking</u>		ADDRESS <u>BERNIE</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amyloidosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Failure</u> DUE TO (c) <u>Hemorrhage of duodenum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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 <u>7-3-1952</u> to <u>8-3-1952</u> , that I last saw the deceased alive on <u>8-3-1952</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Johnson</u> (Degree or title)				23b. ADDRESS <u>Stoddard, Mo.</u>		23c. DATE SIGNED <u>8-18-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STEVENS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-18-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Tucker</u>		ADDRESS <u>Bernie</u>	

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

#2
#124

RECEIVED

AUG 26 1952
BUTLER CO. HEALTH CENTER

FILE No. 852-428

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 Homer J. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilbourn, MD

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.