

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42030**  
Registrar's No. **1150-A**

LED JAN 5 1952

REG. DIST. NO. **128**

PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0300</b> OR TOWN <b>BUFFALO</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ralph</b>	b. (Middle) <b>L</b>	c. (Last) <b>Millard</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-23-1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 7-1884</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR <b>11</b> Months <b>16</b> Days	IF UNDER 24 HRS. <b>1</b> Hr. <b>16</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rail Road Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Millard</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maude Millard</b> ADDRESS <b>Buffalo, Mo</b>

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) <b>Coronary occlusion</b>		DUE TO (b) <b>Atherosclerosis</b>		<b>18 hrs</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Diabetes melitus</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Chr. nephrosclerosis</b>		<b>unknown</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Sept 1952** to **Dec 23, 1952**, that I last saw the deceased alive on **Dec 23, 1952**, and that death occurred at **3:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold B. Johnson, MD</b>	23b. ADDRESS <b>Springfield, Mo.</b>	23c. DATE SIGNED <b>12-24-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>134112L</b>	24b. DATE <b>12-26-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>
24d. LOCATION (City, town, or county) (State) <b>Buffalo, Mo</b>		
DATE REC'D BY LOCAL REG. <b>12-29-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Reg.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Montgomery Vaughan</b> ADDRESS <b>Buffalo, Mo.</b>

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

FD-26 6 1955

Montgomery  
Buffalo, N.Y.

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 Clayton Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.