

**STANDARD CERTIFICATE OF DEATH**

44276  
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State File No. \_\_\_\_\_

S. No. 300  
V. 10.48  
FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4-5-15</u>		Registrar's No. _____						
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Sullivan</u>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>			c. LENGTH OF STAY (in this place) <u>2 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> <u>1050</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gertie</u>			b. (Middle) <u>May</u>		c. (Last) <u>Milford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-52</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>5-28-1881</u>		9. AGE (In years last birthday) <u>71</u> <u>6</u> <u>25</u> <u>6</u> <u>25</u> <u>6</u> <u>25</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Boonville - Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>				
13a. FATHER'S NAME <u>Francis M Yardley</u>			13b. MOTHER'S MAIDEN NAME <u>Abby Hays</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Milford - dead</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>BarT Milford</u> ADDRESS <u>Milan</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH				
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer transverse colon</u>						<u>6 mo.</u>				
		ANTECEDENT CAUSES										
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										
19a. DATE OF OPERATION <u>Sept. 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>C. M. colon</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) _____			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>12:10</u> , 19 <u>52</u> , to <u>12:23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>52</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.												
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Milan</u>				23c. DATE SIGNED <u>12-21-</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) <u>Milan</u> (State) <u>Mo</u>						
DATE REC'D BY LOCAL REG <u>Dec. 30-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> <u>320.00</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____						

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

**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 Wesley Dehaene

Licensed Embalmer No. 2667

P. O. Address Melrose - Va

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.