

Dr Mc Guire

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8999**
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5/35** Registrar's No. **106**

FILED MAR 17 1953

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo. b. COUNTY Butler	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brasiley	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brasiley 0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) Classie Lorraine Milder			4. DATE OF DEATH (Month) (Day) (Year) 3 1 1953			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 4-23-1912	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. T. Rickman		13b. MOTHER'S MAIDEN NAME Lucy Ann Arnn		14. NAME OF HUSBAND OR WIFE Arnie Milder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Arnie Milder, Brasiley, Mo. ADDRESS	

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) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 4013
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever				
		DUE TO (c) —				
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <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)	
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 **9/21, 1953** to **3/28, 1953** that I last saw the deceased alive on **3/28, 1953** and that death occurred at **4:00** m., from the causes and on the date stated above.

23a. SIGNATURE D. Mc Guire (Degree or title)		23b. ADDRESS Piggott Ark.		23c. DATE SIGNED 3-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Mar. 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery	
24d. LOCATION (City, town, or county) (State) Greenway, Ark.		DATE REC'D BY LOCAL REG. 3-5-53		REGISTRAR'S SIGNATURE Wm. H. Johnson 428	
25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell		ADDRESS			

RECEIVED
MAR 14 1953
BUTLER CO. HEALTH CENTER
FILE No. 353-126

MAR 20 1953

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Lloyd J. Tyler

Licensed Embalmer No. 1001 Ark.

P. O. Address Springfield Ark.

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.