

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Johnson Creek</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile East of Vichy</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Johnson Creek Twp. 0630</u>	
		d. STREET ADDRESS (If rural, give location) <u>1/2 mile East of Vichy</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>MILLIGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 12, 1953</u>
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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>October 1, 1907</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Beer Dist.</u>	11. BIRTHPLACE (State or foreign country) <u>Kenosha Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William J. Milligan</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie C. Welsh</u>	14. NAME OF HUSBAND OR WIFE <u>Birdie Mae</u>
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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>Mrs. Birdie Mae Milligan</u>	ADDRESS <u>Vichy, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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 checked="" type="checkbox"/>
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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) <u>Vienna</u> (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Vienna, Mo.</u>	23c. DATE SIGNED <u>8/14/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>AUG. 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Vichy, Maries Co., Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>8-20-53</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

