

STANDARD CERTIFICATE OF DEATH

State File No. **38320**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1208</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>905 Dewey Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>MABLE</u> c. (Last) <u>MILBOURN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 5, 1880</u>	
9. AGE (In years) (last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Otoe County Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>(Unk) Banning</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Hurst</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph R. Milbourn Dec.</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rose Turner St. Joseph, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cardio Vascular Degenerative Disease</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) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Senile Debility</u>					<u>Unk.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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>8-11</u> , 19 <u>47</u> , to <u>11-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-12</u> , 1953, and that death occurred at <u>4:45 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Andrew Skene M.D.</u>				23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>11-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Andrew County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 24, 1953</u>		REGISTRAR'S SIGNATURE <u>Bethes M. Allison</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 1677

P. O. Address St. Joseph Mo

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.