

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41943**

No. 300
10-48

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6273 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> 1130	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City Mo Rural</u> 0	
c. LENGTH OF STAY (in this place) <u>All Life</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles West 1 mile North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Truman</u> c. (Last) <u>Milker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 28-1891</u>	9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>10</u> DAYS <u>22</u> HOURS <u>—</u> MIN. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Jacob H. Milker</u>		13b. MOTHER'S MAIDEN NAME <u>Candace Grindstafk</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Best Miller Grant City Mo</u> ADDRESS _____	
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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) <u>Acute Coronary Occlusion</u>					<u>15 min</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.				

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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 11-20, 1953 and that death occurred at 5:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank B. Matterson, MD</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>11-25-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	

DATE REC'D BY LOCAL REG. <u>3.1953</u>		REGISTRAR'S SIGNATURE <u>Teta C. Dawson</u> 3456		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u> ADDRESS <u>Grant City Mo</u>	
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(Licensed Embalmer's Statement on Reversed Side)

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

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JAN 12 1957

DEC 9 1956

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4274*

P. O. Address *Grant City 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.