

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19069

State File No. 2760

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				c. LENGTH OF STAY (In this place) <u>1 da</u>		c. CITY OR TOWN <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp.</u>				d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EARL</u>		b. (Middle) <u>J</u>		c. (Last) <u>MILLIMAN</u>	
4. DATE OF DEATH		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>Aug. 16-1891</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufact. Storage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hauling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Middlebury, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Milliman</u>		13b. MOTHER'S MAIDEN NAME <u>Hettie Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta Milliman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. J. Milliman, Jr. Liberty, Mo.</u>			
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) <u>ANTERIOR WALL MYOCARDIUM INFARCTION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY OCCLUSION</u>				<u>12 hrs</u>	
		DUE TO (c) <u>CORONARY ARTERY SCLEROSIS</u>				<u>UNKNOWN</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>TUBULAR BRONCHIECTASIS</u>				<u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) m.		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>NOV 18</u> , 19 <u>52</u> , to <u>JUNE 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>JUNE 17</u> , 19 <u>54</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clyde M. Smith</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>LIBERTY, MISSOURI</u>		23c. DATE SIGNED <u>18 JUN 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Church - Archer</u>		ADDRESS <u>Liberty, 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 444

P. O. Address Liberty

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.