

FILED OCT 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32868

BIRTH NO. _____		REG. DIST. NO. <u>370</u>		PRIMARY REG. DIST. NO. <u>4540</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u> <u>1110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>Theodosia</u>			a. (First)		b. (Middle)		c. (Last) <u>Milster</u>		
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>27</u>		(Year) <u>54</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>Mar. 17, 1890</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Butler County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Charles A. Milster</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Mable Osburn</u>			ADDRESS <u>Greenville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy (stroke)</u>				DUPLICATE OF (b) <u>Hypertension</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUPLICATE OF (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"/>			
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>Sept 17</u> , 19 <u>54</u> , to <u>Sept 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 24</u> , 19 <u>54</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John F. Wagner, M.D.</u>				23b. ADDRESS <u>Greenville, Mo.</u>			23c. DATE SIGNED <u>Sept 28-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/29/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville</u>		24d. LOCATION (City, town, or county) (State) <u>Greenville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 1-1954</u>		REGISTRAR'S SIGNATURE <u>Bretta Ward</u> <u>4450</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Greenville, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 5 1954

WAYNE CO. HEALTH CENTER

FILE No. _____

NOV 3 1954

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 *James E. Sander*

Licensed Embalmer No. *4424*

P. O. Address *Bedford Ave*

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.