No. 300
10.48

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

FILED APR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8793

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atlanta – Lyka
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Died at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: Atlanta
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 61
e. STREET ADDRESS (If rural, give location): in Atlanta

3. NAME OF DECEASED (Type or Print): a. (First) Thelma b. (Middle) O. c. (Last) Milam
4. DATE OF DEATH (Month) (Day) (Year): 2-27-1955
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 8. 1901
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 4, Days 19 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife Home making
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Macon Co Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Everett Fisk
13b. MOTHER'S MAIDEN NAME: Mallie Ware
14. NAME OF HUSBAND OR WIFE: Virgil Milam
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Vergil Milam — ADDRESS: Atlanta Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Adeno Carcinoma Rt Breast — 4 yrs

DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 170 X

19a. DATE OF OPERATION: 12-31-1951
19b. MAJOR FINDINGS OF OPERATION: adeno Carcinoma Rt Breast
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 19 54, *to* 2-27, 19 55, *that I last saw the deceased alive on* 2-27, 19 55, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Macon Mo
23c. DATE SIGNED: 3-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 1st 55
24c. NAME OF CEMETERY OR CREMATORY: Mt Tabor
24d. LOCATION (City, town, or county) (State): Near Atlanta Mo

DATE REC'D BY LOCAL REG.: March 1 1955
REGISTRAR'S SIGNATURE: Mrs O R Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE: H M Goodding — ADDRESS: Atlanta Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3.28.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.55.47
Date Filed 3.31.55

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. M. Goodwin

Licensed Embalmer No. 1

P. O. Address Attant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.