

FILED NOV 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. **33788**BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3025 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 10 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital		STREET ADDRESS (If rural, give location) 512 W. Central Ave	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM	b. (Middle) ARTHUR	c. (Last) MILTON	(Month) Oct	(Day) 28-	(Year) 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 16, 1867		9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William B. Milton	13b. MOTHER'S MAIDEN NAME Nancy Dennis	14. NAME OF HUSBAND OR WIFE Parlee Shaw Milton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Moser, 512 W. Central Ave Carthage, Mo

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) Rt lobar pneumonia		II. OTHER SIGNIFICANT CONDITIONS		4 days
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____		
		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) (Minute)	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 18th Oct, '55, to 28 Oct, '55, that I last saw the deceased alive on 28 Oct, '55, 1955, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Boyd</u>	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 10-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/31/55	24c. NAME OF CEMETERY OR CREMATORY Stafford Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Mo
DATE REC'D BY LOCAL REG. 10-29-55	REGISTRAR'S SIGNATURE <u>Ell Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 4 1955
Jasper County Health Office
County File Number 55-11-745
Date Filed ALLV 4, 1955

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 *Frank W. Kneel*.....

Licensed Embalmer No. 444

P. O. Address Carthage,

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