

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37433

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3080 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>	c. CITY OR TOWN <u>Chillicothe</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Wilson St.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Leeper Hotel</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVA</u>	b. (Middle) <u>NORRIS</u>	c. (Last) <u>MILBANK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1955</u>
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5. SEX <u>Fem.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleswoman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Ladies clothes</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>STEPHEN NORRIS</u>	13b. MOTHER'S MAIDEN NAME <u>LAURA HUMPHRY</u>	14. NAME OF HUSBAND OR WIFE <u>HARRY MILBANK (Dec)</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>NO</u>	16. SOCIAL SECURITY NO. <u>490-10-3433-A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Milbank, Chillicothe, 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>Myocardial Failure</u>		DUE TO (b) <u>Hypertensive Vascular Disease</u>		<u>2 yrs</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>447x</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from March, 1954, to 24 Nov, 1955, that I last saw the deceased alive on 22 Nov, 1955, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>V D Vandiver MD</u> (Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>25 Nov 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/26/55</u>	REGISTRAR'S SIGNATURE <u>Frances B New</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Gordon</u> ADDRESS <u>Chillicothe Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM NO. 9587
AUG. 01 1957

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.....

P. O. Address.....

**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.**