

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. **43413**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5786** Registrar's No. **1**

**1. PLACE OF DEATH**  
 a. COUNTY **Mississippi**  
 b. CITY (If outside corporate limits, write RURAL and give OR 4 mi. W. of Charleston TOWN on U.S. Hwy 60) **None**  
 c. LENGTH OF STAY (in this place) **None**  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **4 mi. W. of Charleston**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **Scott**  
 c. CITY OR TOWN **Blodgett**  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) **None** *1000*

**3. NAME OF DECEASED**  
 a. (First) **WALTER** b. (Middle) **DAVIS (DAVE)** c. (Last) **MILAM**  
 (Type or Print)  
**4. DATE OF DEATH** (Month) (Day) (Year) **Dec. 25, 1955**

**5. SEX** **M** **6. COLOR OR RACE** **Caucasian** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married**  
**8. DATE OF BIRTH** **June 12, 1914** **9. AGE** (In years last birthday) **41** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Unemployed** **10b. KIND OF BUSINESS OR INDUSTRY** **--**  
**11. BIRTHPLACE** (City and State or Foreign Country) **Cairo, Illinois** **12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **U. R. Milam** **13b. MOTHER'S MAIDEN NAME** **Annie Maynard** **14. NAME OF HUSBAND OR WIFE** **Nellie Kindred Milam**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **No.** **16. SOCIAL SECURITY NO.** **491 18 5984** **17. INFORMANT'S SIGNATURE OR NAME** **U. R. Milam** **ADDRESS** **R#4, Sikeston, Mo.**

**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.  
**1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Skull fracture**  
**ANTECEDENT CAUSES** DUE TO (b) **Auto accident**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (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** **8234**  
**20. AUTOPSY?** YES  NO  **Interval between onset and death** **Instantly**

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify) **Accident** **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **Hwy** **21c. (CITY, TOWN, OR TOWNSHIP)** **Blodgett** (COUNTY) **Mississippi** (STATE) **Mo.**

**21d. TIME OF INJURY** (Month) (Day) (Year) **Dec. 25, '55** **21e. INJURY OCCURRED** (Hour) **1:30 a.m.** **21f. HOW DID INJURY OCCUR?** **Auto driven by decedent left Hwy and struck culvert.** WHILE AT WORK  NOT WHILE AT WORK

**22. I hereby certify that I attended the deceased from** **19**, **19**, **19**, that I last saw the deceased alive on **19**, and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

**23a. SIGNATURE** **Dean Shelby, Coroner** (Degree or title) **23b. ADDRESS** **Blodgett Mo** **23c. DATE SIGNED** **12-28-55**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial** **24b. DATE** **Dec. 27, 1955** **24c. NAME OF CEMETERY OR CREMATORY** **Blodgett Cemetery** **24d. LOCATION** (City, town, or county) **Blodgett, Missouri** (State)

**DATE REC'D BY LOCAL REG.** **1-20-56** **REGISTRAR'S SIGNATURE** **Dean Shelby** **480-1** **FUNERAL DIRECTOR'S SIGNATURE** **Edward E. ...** **ADDRESS** **THE NUNNELED FUNERAL CHAPEL, SIKESTON**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Miss. Co. Health D  
County File No. FEB  
Date Filed FEB

**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 *Edward E. Munnell*.....

Licensed Embalmer No. 416.....

P. O. Address *Sikeston*.....

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.