

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7736

State File No.

FILED MAR 2 1956

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Sikeston
d. FULL NAME OF HOSPITAL OR INSTITUTION 137 No. West Street		e. STREET ADDRESS (If rural, give location) 137 No. West St.	
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) BELLE c. (Last) MILAM		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956	
5. SEX F	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1888
9. AGE (In years) Last birthday 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Providence Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Flimel Maynard		13b. MOTHER'S MAIDEN NAME Mollie Lee	
14. NAME OF HUSBAND OR WIFE U. R. Milam		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. R. Milam ADDRESS 137 N. West Ave. 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND 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) _____	
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 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)		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>1/31/56</u> , 19 <u>56</u> , to <u>2/17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/17</u> , 19 <u>56</u> , and that death occurred at <u>6:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE M C Mill (Degree or title) DO		23b. ADDRESS Sikeston Mo	
23c. DATE SIGNED 2/17/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19, 1956	
24c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery		24d. LOCATION (City, town, or county) (State) Blodgett, Missouri	
DATE REC'D BY LOCAL REG. 2-20-56		REGISTRAR'S SIGNATURE Miss Ella Hunter	
25. FUNERAL DIRECTOR'S SIGNATURE Funnelee Funeral Chapel ADDRESS Sikeston, Mo			

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

DATE RECEIVED FEB 27 1956
SCOTT CO. HEALTH DEPT.
CO. FILE No. 256-47

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

Philip J. Cassady

Licensed Embalmer No. 46

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.