

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

State File No. **32268**
Registrar's No. **7967**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 32268		Registrar's No. 7967			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		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 D.O.A. Home & Phillip				e. STREET ADDRESS (If rural, give location) 2390 1319 S. 8th St.							
3. NAME OF DECEASED (Type or Print) a. (First) Ethie			b. (Middle) B.			c. (Last) Milner			4. DATE OF DEATH (Month) (Day) (Year) 8 25 56		
5. SEX F.		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH aug 15 1912		9. AGE (in years last birthday) 44		10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10b. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (City and State of Foreign Country) Parris Texas			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE none			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rebwater Robinson 1319 S. 8th St.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Tuberculosis</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p>									
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION .002x								20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 P.M. , from the causes and on the date stated above.											
23a. SIGNATURE James M Kelly				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 8-29-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped		24b. DATE 8 29 56		24c. NAME OF CEMETERY OR CREMATORY Madie Grove Cem		24d. LOCATION (City, town, or county) (State) Holt-Spring Ark					
DATE RECD BY LOCAL REG. AUG 29 1956		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. A. H. Burke 3506 Franklin					

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1958

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 *Leroy U. Sammis*.....

Licensed Embalmer No. *452*

P. O. Address *2616 Yarr*

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.