FILED MAR 11 1957

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3594

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 93

**1. PLACE OF DEATH**
a. COUNTY: Adair
b. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Grim Smith Hosp. & Cl. — Length of stay in Ib: 2 Mo. 3Da.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Atlanta 0610 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Virgil Middle: Darwin Last: Milam

**4. DATE OF DEATH** Month Day Year: 3-1-57

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
**8. DATE OF BIRTH:** 9-7-01
**9. AGE** (In years last birthday): 55 — IF UNDER 1 YEAR: Months 9, Days 9 — IF UNDER 24 HRS.: Hours —, Min. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (City and state or country): Macon County, Missouri
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Sam Milam
**14. MOTHER'S MAIDEN NAME:** Alice Duhn

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.:** 491-05-7417
**17. INFORMANT** Address: Hospital Records

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ulcer of stomach — 10 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 151X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. — Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from Sept 1956, to Mar 1, 1957 and last saw him alive on Mar 1, 1957. Death occurred at 9:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Milton T. Griffiths M.D.
**22b. ADDRESS:** Kirksville, Mo.
**22c. DATE SIGNED:** 3-2-57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE:** 3-7-1957
**23c. NAME OF CEMETERY OR CREMATORY:** Elmer Cemetery
**23d. LOCATION** (City, town, or county) (State): Elmer — MO

**24. FUNERAL DIRECTOR:** Thos H. Goodding — ADDRESS: Atlanta, Mo.
**25. DATE RECD. BY LOCAL REG.:** 3-7-1957
**26. REGISTRAR'S SIGNATURE:** Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ Theo H. Goodding, Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Theo H. Goodding

Licensed Embalmer No. 39

P. O. Address Atlanta, G

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.