

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5102

FILED MAR 13 1957

Registration District No. 267 Primary Registration District No. 3049 STATE FILE NUMBER 5902 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Pe. Miscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pe. Miscot</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RURAL HAYTI, MISSOURI</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>RURAL</u>		0380 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>Charley</u> First <u>Milton</u> Middle <u>Milton</u> Last				4. DATE OF DEATH <u>3</u> Month <u>4</u> Day <u>1957</u> Year										
5. SEX <u>Mal</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 2 - 1898</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> Hours <u></u> Min. <u></u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>						
13. FATHER'S NAME <u>Jim Milton</u>				14. MOTHER'S MAIDEN NAME <u>MANDIA DUNAKIN</u>										
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>499-03-3491</u>		17. INFORMANT <u>Lula Milton</u>		Address <u>HAYTI, MO.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac De compensation</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										4343				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Benign Prostatic Hypertrophy</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>											
20c. TIME OF INJURY Hour _____ Month _____, Day _____, Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>			20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>		STATE <u></u>	
21. I attended the deceased from <u>2 Jan 1957</u> to <u>4 March 1957</u> and last saw <u>him</u> alive on <u>4 Mar '57</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>F. W. Locke MD</u> (Degree or title)						22b. ADDRESS <u>Carnegieville, Mo</u>			22c. DATE SIGNED <u>3/5/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3/9/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAK DALE CEMET</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>							
24. FUNERAL DIRECTOR <u>Wm. Smith</u> ADDRESS <u>4019 WASHINGTON</u>				25. DATE RECD. BY LOCAL REG. <u>3-8-57</u>		26. REGISTRAR'S SIGNATURE <u>John H. Germain</u>								

St. Louis Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

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-56

3-70-57

MAR 12 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

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

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fred J. Smith*

Licensed Embalmer No. *44*

P. O. Address *Lilington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.