

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14294

STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 95

Health,  
& Welfare  
Public  
Service

300  
1-56

Director, 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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moberly</u> <u>0883</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Woodland Hospital</u> Length of stay in lb <u>19 days</u>		d. STREET ADDRESS (If outside, give location) <u>515 East Logan Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u></u> Last <u>Milburn, Sr.</u>			4. DATE OF DEATH Month <u>April</u> Day <u>19</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 30, 1864</u>
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Don't know</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Don't know</u>	11. BIRTHPLACE (City and state or country) <u>Durham County, England</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13. FATHER'S NAME <u>Joseph Milburn</u>	
14. MOTHER'S MAIDEN NAME <u>Elizabeth Robson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Miss Pearl Milburn: Moberly, Missouri</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>Coronary Occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Ch. nephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>592X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24x</u> <u>Several days</u> <u>Do not know</u>
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.)		
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>	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>Moberly</u>	COUNTY <u>Randolph</u>	STATE <u>MO</u>
21. I attended the deceased from <u>Apr 1</u> to <u>Apr 19</u> and last saw him alive on <u>4-19-57</u> Death occurred at <u>9 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>CC Smith M.D.</u>		22b. ADDRESS <u>312 1/2 W Reed Moberly Mo</u>	22c. DATE SIGNED <u>4-22-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>April 21, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Tom B Patton, Huntsville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-57</u>	26. REGISTRAR'S SIGNATURE <u>Leah Robson</u>

(Licensed Embalmer's Statement on Reverse Side)

269-1

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 *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntville*

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.