

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32632

FILED SEP 30 1957

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 4313 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELMER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ELMER ⁰⁶¹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE - P. MILNER			4. DATE OF DEATH Month Day Year SEPT. 18 - 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 28 - 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min. 6 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LOUISVILLE, Ky.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
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 Address BERTRUDE - MILNER - ELMER - Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-Sclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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.)	
20c. TIME OF INJURY Hour a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **Jan 1, 1952** to **Sept. 18, 1957** and last saw ^{her} him alive on **Sept. 18, 1957**.
Death occurred at **5 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title)
Harold W. P. ...

22b. ADDRESS
Mo

22c. DATE SIGNED
9-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/20/1957	23c. NAME OF CEMETERY OR CREMATORY ELMER	23d. LOCATION (City, town, or county) (State) ELMER - Mo.
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24. FUNERAL DIRECTOR ADDRESS
W. A. McCallum - South Rifford

25. DATE RECD. BY LOCAL REG.
9/21/57

26. REGISTRAR'S SIGNATURE
Arthur M. Neely

(Licensed Embalmer's Statement on Reverse Side)

000 -56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 2 1957

OCT 22 1957

9.27.57
9.27.57

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 *Clyde M. Collins*.....

Licensed Embalmer No. 302

P. O. Address *South G.*

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.