

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35476

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1031

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Mateo	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Redwood City 8048 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burge Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 924 Haven Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RICHARD Middle GLENN Last MILLIRON			4. DATE OF DEATH Month October Day 23 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11 Dec. 1939
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	9. AGE (In year's birthday) 17 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Richard Milliron		13b. MOTHER'S MAIDEN NAME Ruth E. Fox	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 No		16. SOCIAL SECURITY NO. 545-56-9485	17. INFORMANT Address Richard Milliron Redwood City, Cal.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CRUSHED CHEST - INTERNAL INJURIES			INTERVAL BETWEEN ONSET AND DEATH 1055
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEE 20 B 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 checked="" 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.) CAR-TRUCK ACCIDENT ON U.S. HIGHWAY "66" NEAR INTERSECTION OF MO. STATE "125" AND U.S. "66" NEAR STRAFFORD, MISSOURI. HE WAS DRIVER OF CAR.		
20c. TIME OF INJURY Hour 9:25 a.m. 10-23-57 Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Highway #66		
20f. CITY, TOWN, OR LOCATION Near Strafford		03 COUNTY Greene	STATE Missouri
21. I attended the deceased from UNATTENDED BY PHYSICIAN and last saw ^{her} him alive on _____ Death occurred at 9:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard H. Pirene</i>		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 23 Oct 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial		23b. DATE 10-23-57	23c. NAME OF CEMETERY, OR CREMATORY Local
23d. LOCATION (City, town, or county) Kittanning, Pennsylvania		(State)	
24. FUNERAL DIRECTOR Joplingner & Co.		25. DATE RECD. BY LOCAL REG. Spqfd. Mo. 10-25-57	26. REGISTRAR'S SIGNATURE <i>Walter Williamson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Only one cause of death in item 18. No symptoms will be listed.

Kates California Greene
 x Redwood City
 xx 220 Haven Avenue
 October 23, 1952
 MILLIKEN
 17 Dec. 1939
 1951
 Tennessee
 School
 Robert Milliken
 245-26-0482
 Robert Milliken Redwood City, Cal.

APR 1 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

Signed *Oglet Stone Jr.*

Signature of Student Embalmer of

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.