

FILED JAN 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45439

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4492 Registrar's No. 2416

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Doniphan, Missouri</u>	
3. NAME OF DECEASED (Type or print) First <u>Glenn</u> Middle <u>Thomas</u> Last <u>Milum</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>2</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 checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 15, 1932</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Timber buyer</u>	9. AGE (In years last birthday) <u>25</u>
11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clifford Milum</u>		13b. MOTHER'S MAIDEN NAME <u>Verna Kennon</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1952-1957</u>	
16. SOCIAL SECURITY NO. <u>1952-1957</u>		17. INFORMANT <u>Verna Milum Ferguson, 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>Contusion of chest - multiple fractured ribs</u> DUE TO (b) <u>Car accident.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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. INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> 20. 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.) <u>In accident</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Doniphan</u>		20f. CITY, TOWN, OR LOCATION <u>Doniphan</u> COUNTY <u>Ripley</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>11/2/57</u> to <u>11/2/57</u> and last saw him alive on <u>11/2/57</u> Death occurred at <u>7:35 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Johnson MD</u> (Degree or title)		22b. ADDRESS <u>Doniphan, Mo</u>	
22c. DATE SIGNED <u>11/12/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Nov. 4, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan, Cemetery</u>	
23d. LOCATION (City, town, or country) <u>Doniphan, Missouri</u>		24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-3-57</u>		26. REGISTRAR'S SIGNATURE <u>W. Johnston</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Gene Sparent*

Licensed Embalmer No. *4809*

P. O. Address *Naylor, Mo*

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.