

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4092

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 11

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		c. CITY OR TOWN Slater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 Walnut		d. STREET ADDRESS 428 Walnut	
3. NAME OF DECEASED (Type or print) First Ernest Middle Lyle Last Milligan		4. DATE OF DEATH Month Jan Day 6 Year 1958	
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 Sept. 23, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Mexico, Missouri
13a. FATHER'S NAME Ira L. Milligan		13b. MOTHER'S MAIDEN NAME Carrie B. Rice	14. NAME OF HUSBAND OR WIFE Bess Milligan
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. none	17. INFORMANT Jim Milligan, Slater, 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) Chronic myocarditis with acute cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			INTERVAL BETWEEN ONSET AND DEATH 4 years 5 min. 8 years 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 1936 to Jan. 6, 1958 and last saw ^{him} alive on Dec. 29, 1957 Death occurred at 9:01 A.M. on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE P. A. M. C. Burney, M.D. (Degree or title)		22b. ADDRESS Slater, Mo.	
		22c. DATE SIGNED 1/6/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-8-1958	
23c. NAME OF CEMETERY OR CREMATORY Madison		23d. LOCATION (City, town, or county) (State) Madison, Missouri	
24. FUNERAL DIRECTOR W. J. Haines, Jr. Slater, Mo.		25. DATE RECD. BY LOCAL REG. 1-10-1958	
26. REGISTRAR'S SIGNATURE Mrs. E. C. Metz			

JAN 15 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
Signature of Student Embalmer

Signed *Walter J. Haines*
Licensed Embalmer No. *H 557*
P. O. Address *Shelton, 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.