Health, Welfare Public Service

300
1-57

FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006513
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wyatt — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Wyatt 0679 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) P.O.Box 974 — Length of stay in lb 25 yrs.	d. STREET ADDRESS (If outside, give location) P.O. Box 974 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First James Middle Last Milton

4. DATE OF DEATH Month Day Year March 5, 1958

5. SEX Male 2

6. COLOR OR RACE Col.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 2

8. DATE OF BIRTH Mar. 21, 1878

9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mississippi 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Milton

13b. MOTHER'S MAIDEN NAME Pharis Lee

14. NAME OF HUSBAND OR WIFE Ivy Milton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs. Lula Long, 1800 E.19th, Gary, Ind.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3-5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 493x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 3/2/58, to 3/5/58 and last saw ~~her~~ him alive on 3/2/58
Death occurred at 8:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Dermomaurt M.D.

22b. ADDRESS Charleston Mo

22c. DATE SIGNED 3/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE March 9,1958

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR L. R. Sparks — ADDRESS Charleston, Mo.

25. DATE RECD. BY LOCAL REG. 3-7-58

26. REGISTRAR'S SIGNATURE Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed 3-10-58

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 Edward N. Ruffin

Licensed Embalmer No. 5022
P. O. Address 2501 Poplar St Cairo, Ill

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.