

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010459

STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 163 Primary Registration District No. 5-5-93 Registrar's No. 22

Health,
Welfare
Public
Service

300
7-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Platin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Herculaneum,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill Nursing Home			Length of stay in lb 3 Mo.		d. STREET ADDRESS (If outside, give location) School Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle J. Last Milner				4. DATE OF DEATH Month Mar. Day 24 Year 1958					
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 4, 1878		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Driller			10b. KIND OF BUSINESS OR INDUSTRY Rock Quarry		11. BIRTHPLACE (City and state or country) Butler County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Jefferson Milner				14. MOTHER'S MAIDEN NAME Rachel Drough					
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. 348-05-1511A		17. INFORMANT Mrs. Cora Broombauch, Herculaneum, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____		
DUE TO (c) _____							4221		
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <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 19, 1957 , to Jan 9, 58 and last saw her alive on Jan 8, 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 [Signature] (Do not write in title)				22b. ADDRESS Festus, Mo		22c. DATE SIGNED 2/26/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 27, 1958		23c. NAME OF CEMETERY OR CREMATORY Herculaneum Cemetery		23d. LOCATION (City, town, or county) (State) Herculaneum, Mo.			
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Festus, Mo.				25. DATE RECD. BY LOCAL REG. Mar. 28-1958		26. REGISTRAR'S SIGNATURE Marie Farris.			

HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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HILLSBORO, MISSOURI

DATE RECEIVED
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.....
Signature of Student Embalmer

Signed.....
H. H. Raymond

Licensed Embalmer No. 301

P. O. Address Federal

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.