

Health, & Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017241
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 10 Primary Registration District No. 5033 Registrar's No. 105

300
1-57

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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Loutre Rural		c. CITY OR TOWN Wellsville ⁰⁷⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. Highway 54 East Of Mexico, Mo.		d. STREET ADDRESS (If outside, give location) R. F. D. 2	
3. NAME OF DECEASED (Type or print) First Montie Middle Pipkin Last Milner		4. DATE OF DEATH Month May Day 18 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 Jan. 12, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lucien Milner		13b. MOTHER'S MAIDEN NAME Bertie Snarr	14. NAME OF HUSBAND OR WIFE Dorothy Emma Milner
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. Unknown	17. INFORMANT Address Mrs. Eldon Schrader Martinsburg, 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) Crushed chest			INTERVAL BETWEEN ONSET AND DEATH 5 min
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)			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.) Automobile accident	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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.) Highway 54	
		20f. CITY, TOWN, OR LOCATION Audrain Co. Mo. COUNTY STATE	
21. I attended the deceased from Never to Never and last saw her/him alive on Never Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William George Brown 3 (Degree or title)		22b. ADDRESS 112 N. Clark, Mexico	
		22c. DATE SIGNED 5/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 21, 1958	
23c. NAME OF CEMETERY OR CREMATORY Wellsville		23d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home ADDRESS Mexico, Mo		25. DATE RECD. BY LOCAL REG. May 20 1958	
		26. REGISTRAR'S SIGNATURE Blanche Neely	

All diseases in Part I must be causally related. 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

MEDICAL CERTIFICATION

JUL 25 1958

JUN 23 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 *Geo Miller*

Licensed Embalmer No. *4492*
P. O. Address *Medford, N.J.*

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.