

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032233

STATE FILE NUMBER

DECEASED OCT 2 1958

Registration District No.

107

Primary Registration District No.

3019

Registrar's No.

146

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kennett
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION Dunklin County Memorial Hospital		Length of stay in lb 70 Yrs.	d. STREET ADDRESS (If outside, give location) 507 Clipper
3. NAME OF DECEASED (Type or print) First Stella Middle Eunice Last Milburn			4. DATE OF DEATH Month June Day 25 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 26 - 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY XX	9. AGE (In years last birthday) 78
13a. FATHER'S NAME H.C. West		13b. MOTHER'S MAIDEN NAME Martha Blanton	14. NAME OF HUSBAND OR WIFE Matt Milburn - Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none or unknown) (If yes, give dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Burl Milburn Bx 125 Kennett 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) Cardiac Arrest			INTERVAL BETWEEN ONSET AND DEATH 28 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intestinal obstruction - large			
DUE TO (c) bowell + Carcinoma			1538
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholera + Throctomy with Cardiac Massage			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 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 6-20-58 to 6-25-58 and last saw her alive on 6-25-58 Death occurred at 6-25-58 7:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul Miltenberger M.D.		22b. ADDRESS Kennett Mo.	22c. DATE SIGNED 6-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-27-58	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Kennett Mo.
24. FUNERAL DIRECTOR Lentz Service		ADDRESS Kennett Mo.	25. DATE RECD. BY LOCAL REG. 9-25-58
			26. REGISTRAR'S SIGNATURE Earl H. H. H.

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.

DEPARTMENT
COUNTY FILE NUMBER 958-2307

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 *Edyard Blue Ford*

Licensed Embalmer No. 4433
P. O. Address Kennett 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.