

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032283  
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 112 Primary Registration District No. 5431 Registrar's No. 680

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LONEDELL</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>LONEDELL</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>RR 1</b>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>HERBERT ACE MILBANK</b>			4. DATE OF DEATH Month Day Year <b>SEPT. 10, 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 6 1888</b>		9. AGE (In years last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BELL TELEPHONE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CHICAGO ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HERBERT MILBANK</b>		13b. MOTHER'S MAIDEN NAME <b>ADRIN AUSTIN</b>		14. NAME OF HUSBAND OR WIFE <b>MAY MILBANK</b>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLDWAR I</b>		16. SOCIAL SECURITY NO. <b>494-05-6565</b>	17. INFORMANT Address <b>Mrs. May Milbank Lone Dell Mo.</b>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion -</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) <b>General Arteriosclerosis -</b>		
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 <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	
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21. I attended the deceased from **9-5-58** to **9-10-58** and last saw her/him alive on **Sept 5-1958**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Wm. S. Kitchell, Jr.</b>		22b. ADDRESS <b>St. Clair Mo</b>		22c. DATE SIGNED <b>9-11-58</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT. 12, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>LONEDELL MO.</b>	
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24. FUNERAL DIRECTOR <b>Sherrard W. Kitchell</b>		ADDRESS <b>St. Clair Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9/11/58</b>		26. REGISTRAR'S SIGNATURE <b>Charles Smith</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 stated. All diseases in Part I must be causally related.

300  
1-57

MAR 3 1959

APR 20 1959

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 *Sherrill M. Kitchell* .....

Licensed Embalmer No. 3873 .....

P. O. Address *H. Clair, M* .....

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.