

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033788

STATE OFFICE NUMBER

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Platte Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> <i>Weston</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Weston</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Warren</u> Last <u>Milliman</u>			4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 19, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tobacco</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>19</u> Hours <u>19</u> Min. <u>19</u>
11. BIRTHPLACE (City and state or country) <u>Warsaw, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Warren Milliman</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Dursam</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Hill</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>403-10-6017</u>	17. INFORMANT Address <u>Mrs. Hazel Kenns Weston, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinson's Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>DUE TO (b) Arteriosclerosis</u> <u>DUE TO (c) 350 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
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 <u>3:30</u> a.m. <u>PM</u> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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.)	
20f. CITY, TOWN, OR LOCATION <u>Weston, MO</u>		20g. COUNTY <u>Platte</u> STATE <u>MO</u>	
21. I attended the deceased from <u>April 4, 1957</u> to <u>Sept 4, 1958</u> and last saw him alive on <u>Sept. 4, 1958</u> Death occurred at <u>3:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. J. Zellberg</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Weston, MO</u>	
22c. DATE SIGNED <u>9-5-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-6-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>
23d. LOCATION (City, town, or county) <u>Weston, Missouri</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-58</u>	26. REGISTRAR'S SIGNATURE <u>Ophelia Rollins.</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.