

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021564

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2931

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY MO		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL, 15 yrs		d. STREET ADDRESS (If outside, give location) 412 W 47th St	
3. NAME OF DECEASED (Type or print) MAURICE MILLIBAN		4. DATE OF DEATH JUNE 16 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-23-84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUDGE		11. BIRTHPLACE (City and state or country) Richmond, Mo	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William M. Milligan		13b. MOTHER'S MAIDEN NAME Mary Rothrock	
13c. NAME OF HUSBAND OR WIFE SUE MILLIBAN		14. NAME OF HUSBAND OR WIFE	
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. none	
17. INFORMANT SUE MILLIBAN		Address 412 W 47th St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Broncho-Pneumonia DUE TO (b) Fractured Ribs 8-9-10 DUE TO (c) 9000 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis with anemia			19. INTERVAL BETWEEN ONSET AND DEATH 9 days 10 days 21
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.) Fall off step on patio 6-6-59	
20c. TIME OF INJURY Hour Month, Day, Year 5 a.m. 6-6-59		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.) about home		20f. CITY, TOWN, OR LOCATION Kansas City Jackson MO	
21. I attended the deceased from Dec 23, 1954 to June 16, 1959 and last saw her alive on June 15, 1959 Death occurred at 11:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Stanley M. Hovest, M.D.		22b. ADDRESS 4620 Girdle Park	
22c. DATE SIGNED 6-16-59		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-17-59	
23c. NAME OF CEMETERY OR CREMATORY Sunny Slope		23d. LOCATION (City, town, or county) (State) Richmond, Mo.	
24. FUNERAL DIRECTOR Ernest Lee Farnsworth		ADDRESS Richmond, Mo.	
25. DATE RECD. BY LOCAL REG. 6-16-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

All diseases in Part I must be causally related.  
F. Stanley Moreset  
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 *George H. Hill* .....

Licensed Embalmer No. *4066* ..  
P. O. Address *Richmond* ..

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.