

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-040678

STATE FILE NUMBER

FILED VS DEC 1 1959

Registration District No. 155 Primary Registration District No. 4246 Registrar's No. 171

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carl Junction, Missouri		Inside Limits * No <input type="checkbox"/>	c. CITY OR TOWN Carl Junction		Inside Limits * Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 So. Joplin Street		Length of stay in lb	d. STREET ADDRESS 308 So. Joplin Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last REUBEN MILLESON			4. DATE OF DEATH Month Day Year 11-18-1959		
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 12-27-1873	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker		10b. KIND OF BUSINESS OR INDUSTRY Cemetery As'sn	11. BIRTHPLACE (City and state or country) Lewistown, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hiram Milleson		13b. MOTHER'S MAIDEN NAME Mary Farmer	14. NAME OF HUSBAND OR WIFE Rebecca Lane Milleson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WRENCH POISONING DUE TO (b) CYSTITIS DUE TO (c) Large stone in bladder PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 604x					INTERVAL BETWEEN ONSET AND DEATH 20 Wks X days
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 Sept 14 to Nov 18 - 59 and last saw her alive on 11-18-59 Death occurred at 12:30 PM 11-18-59 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. B. Kammier		(Degree or title) DR.	22b. ADDRESS Carl Junction, Mo.		22c. DATE SIGNED 11-23
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-21-1959	23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	23d. LOCATION (City, town, or county) (State) Carl Junction, Mo.	
24. FUNERAL DIRECTOR Don Roney, Carl Junction, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-23-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

4740

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 *Clayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City, 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.