

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023822
STATE FILE NUMBER

AMENDED **F** Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 36
LED JUL 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSARK		Length of stay in lb 7 MO	c. CITY OR TOWN FORDLAND MO R2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WEBSTER CO. NURSING HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4MI SOUTH
3. NAME OF DECEASED (Type or print) First GEORGE H Middle MILNER Last MILNER		4. DATE OF DEATH Month JUNE Day 28 Year 1961	
5. SEX MALE	6. COLOR, OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last Birthday) 85
11. BIRTHPLACE (City and state or country) OHIO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT WELFARE RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY FAILURE		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOTIC ENCEPHALOMALACIA			
DUE TO (c) ARTERIOSCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <input type="checkbox"/> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>1/25/61</u> to <u>6/28/61</u> and last saw him alive on <u>6/25/61</u> Death occurred at <u>9:50 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Blinn, D.D.		22b. ADDRESS Marshfield, Mo.	22c. DATE SIGNED 6/29/61
23a. RITUAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-1-1961	23c. NAME OF CEMETERY OR CREMATORY FORDLAND	23d. LOCATION (City, town, or county) (State) FORDLAND MO
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 7-1-61	26. REGISTRAR'S SIGNATURE J. Francis

WEBSTER MO
 FORWARD MO RS
 WMI MONTH
 MILLER
 3-12-1941
 WHITE
 FET FARMER
 UNKNOWN
 NO
 WEATHER RECORDS
 UNKNOWN
 3-12-1941
 WHITE
 FET FARMER
 UNKNOWN
 NO

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 Stapp*
 Licensed Embalmer No. 3101
 P. O. Address *Myrtle Beach, S.C.*

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.

BARBER-EDWARD MARCHFIELD