

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

13

-63-002864

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 5938 Registrar's No. 5938

STATE FILE NUMBER

FILED JAN 29 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Phelps</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>NEWBURG - ARLINGTON</u> Length of stay in lb <u>3 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ROUTE 2 Newburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u></p> <p>c. CITY OR TOWN <u>NEWBURG</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Rt 2 Newburg</u></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Merda Ann Milburn</u></p>	<p>4. DATE OF DEATH Month Day Year <u>Jan 13 1963</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Jan 25 1883</u></p>
<p>9. AGE (last birthday) <u>79</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Davis County Ky.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Wm Taylor</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Rose Rhodes</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Joe Milburn</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u></p>
<p>16. SOCIAL SECURITY NO. <u>[REDACTED]</u></p>	<p>17. INFORMANT Address <u>Albert Milburn Rt 2 Newbur</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>AD Hemorrhage - Cause Undetermined 5 Hrs.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Heart Failure - 2 yrs</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from <u>1959</u> to <u>Jan 13, 1963</u> and last saw her alive on <u>Jan 12, 1963</u> Death occurred at <u>5:30 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Dr. [Signature]</u></p>	<p>22b. ADDRESS <u>Rolla Mo</u></p>
<p>22c. DATE SIGNED <u>1/15/63</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>Jan 16 1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u></p>	<p>23d. LOCATION (City, town, or county) <u>Rolla Mo.</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Lee Johnson Newburg, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Jan. 21, 1963</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Nedra L. Stoll</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FEB 28 1963

PROFESSIONAL CERTIFICATE

Left at Mr. Anderson's office Jan. 15th

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. J. Anderson

Licensed Embalmer No. 5043

P. O. Address Neenah, Wis.

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.