

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-00000

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 51

FILED MAR 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10975

20971

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>MARSHALL</u>		Length of stay in 1b <u>13 MRS.</u>	c. CITY OR TOWN <u>SLATER</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>430 N. WALNUT</u>
3. NAME OF DECEASED (Type or print) First <u>BESS</u> Middle <u>LURLEEN</u> Last <u>MILLIGAN</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>4</u> Year <u>1963</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 6 1887</u>
9. AGE (last birthday) <u>75</u>		10. a. HOUSE WIFE	11. BIRTH PLACE (City and state or country) <u>MADISON, MO.</u>
10a. FULL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>JAMES H. ARMSTRONG</u>		13b. MOTHER'S MAIDEN NAME <u>LOLY B. STEWART</u>	14. NAME OF HUSBAND OR WIFE <u>ERNEST L. MILLIGAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>J. L. MILLIGAN SLATER, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hazardous pulmonary embolism</u> DUE TO (b) <u>Hyperthrombosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fasting Ca?</u>			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 _____ a.m. _____ p.m. 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>Slater</u> COUNTY _____ STATE _____
21. I attended the deceased from <u>March 3</u> to <u>March 3</u> and last saw her alive on <u>March 3, 1963</u> . Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Madison, Mo.</u>	22c. DATE SIGNED <u>3/5/63</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MARCH 6 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MADISON</u>	23d. LOCATION (City, town, or county) <u>Madison, Mo.</u>
24. FUNERAL DIRECTOR <u>HAINES FUNERAL HOME</u>	25. DATE RECD. BY LOCAL REG. <u>3-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Carl G. Reed</u>	

MAR 13 1963

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.