

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5429

State File No. ....

FILED MAR 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 9

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONROE</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>PARIS</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>PARIS</u> <u>0690</u>   |  |
| c. LENGTH OF STAY (in this place) <u>3 YRS.</u>                               |  | d. STREET ADDRESS (If rural, give location) <u>W. MARION ST.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. MARION ST.</u>                  |  |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MARION</u> b. (Middle) <u>ROSS</u> c. (Last) <u>MILKERSON</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAR. 2, 1951</u> |   |  |
| 5. SEX <u>MALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>DIVORCED</u> |  |
| 8. DATE OF BIRTH <u>MAY 24, 1903</u>   |  | 9. AGE (In years last birthday) <u>47</u>                |  | 10. IF UNDER 1 YEAR: Days <u>9</u> Hours <u>8</u> Min. <u>-</u>           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>           |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL HARDWARE</u> |  | 11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>                   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>   |  |  |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>LUKE MILKERSON</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>ROSE CARTER</u> |  | 14. NAME OF HUSBAND OR WIFE <u>BERNICE MILKERSON</u>                                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>V.</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u>          |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ROSE MILKERSON, PARIS, Mo.</u> ADDRESS _____ |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>over dosage of morphine</u><br>ANTECEDENT CAUSES <u>self administered</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>5870 0</u><br><br><u>14</u>           |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>       |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____ |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____                                  |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE <u>Russell W. Milers</u> (Degree or title) <u>Coroner</u> |  | 23b. ADDRESS <u>MONROE CITY, Mo.</u>        |  | 23c. DATE SIGNED <u>3-2-51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                  |  | 24b. DATE <u>3-6-51</u>                     |  | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>                         |  |
| 24d. LOCATION (City, town, or county) <u>PARIS, Mo.</u>                  |  | 24e. DATE REC'D BY LOCAL REG. <u>3-5-51</u> |  |  |  |
| REGISTRAR'S SIGNATURE <u>F. D. Barnett</u>                               |  | 435   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Slakey</u> ADDRESS <u>PARIS, Mo.</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1690

MAR 28 1951

Date Received: MAR 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-57-5  
Date Filed: MAR 13 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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 this body is not embalmed, fact should be so stated above.