

FILED AUG 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

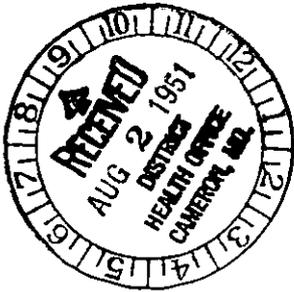
State File No. **22811**

BIRTH NO.		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>97</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Grundy</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humphreys</u>		d. STREET ADDRESS (If rural, give location) <u>1050</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>24th Chicago st.</u>		c. LENGTH OF STAY (In this place) <u>2 yr.</u>		e. STREET ADDRESS		f. COUNTY <u>Sullivan</u>		
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		
a. (First) <u>SAMANTHA</u>			b. (Middle) <u>KATHERINE</u>			c. (Last) <u>MILNER</u>		
(Type or Print)			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			8. DATE OF BIRTH <u>12-15-1867</u>		
9. AGE (In years last birthday) <u>83</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Newtown mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Isaac Michael</u>			13b. MOTHER'S MAIDEN NAME		
14. NAME OF HUSBAND OR WIFE <u>Isaac M. Milner</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Willie Smith</u>			17. ADDRESS <u>Linton mo</u>			18. CAUSE OF DEATH		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>				1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES					
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arterio Sclerosis</u>	
							DUE TO (c)	
			II. OTHER SIGNIFICANT CONDITIONS					
			Conditions contributing to the death but not related to the disease or condition causing death.					
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)			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) (Min.)			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 <u>July 1, 1957</u> , to <u>July 11, 1957</u> , that I last saw the deceased alive on <u>July 11, 1957</u> , and that death occurred at <u>8:40 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>Linton mo</u>		23c. DATE SIGNED <u>7/12/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-14-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harris Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harris mo</u>		
DATE REC'D BY LOCAL REG. <u>7-14-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Holt mo</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

2402
1



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.....

PK Payne Jr

Signed.....
Student Embalmer.....

Licensed Embalmer No. 3400

P. O. Address Galt

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.