

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38174

DEC 7 1951

BIRTH NO. REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5798 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CLAY TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-CLAY TWP. 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. 2, HOLLIDAY		d. STREET ADDRESS (If rural, give location) R.F.D. 2, Paris HOLLIDAY	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) DITCHLER c. (Last) MILNER			4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 17, 1871	9. AGE (In years last birthday) 79	if UNDER 1 Year Months 11 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI	
13a. FATHER'S NAME LOLLIS MILNER			13b. MOTHER'S MAIDEN NAME NANNIE SPARKS		14. NAME OF HUSBAND OR WIFE MARY ETTA MILNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FRANK MILNER, HOLLIDAY, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis			
		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 4221		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Oct 20, 1951**, to **Nov 22, 1951**, that I last saw the deceased alive on **Nov 21, 1951**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Anna M. Burdett (Degree or title) M.D.		23b. ADDRESS PARIS, MO.		23c. DATE SIGNED 11-23-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-24-51		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	
24d. LOCATION (City, town, or county) (State) HOLLIDAY, MO.		24e. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey		24f. ADDRESS PARIS, MISSOURI.	

DATE REC'D BY LOCAL REG. 11-23-51		REGISTRAR'S SIGNATURE Anna M. Burdett		25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: NOV 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-220
Date Filed: DEC 5 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 _____
_____, Student Embalmer No. _____
working under my personal supervision.

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.