

FILED JAN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44909**

BIRTH NO. _____		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>6181</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PENN RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PENN TWP</u>		d. STREET ADDRESS (If rural, give location) <u>7050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>7050</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>CHETWIN</u> c. (Last) <u>MILLIGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 9 1953</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 11 1878</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GEN FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JOHN FRANKLIN MILLIGAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET E MACKIE</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET L MILLIGAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONIE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret L Milligan Melan</u>				ADDRESS <u>Melan</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis in Testes</u> <u>Stroke etc in Cerebrum</u> <u>Arterio Sclerosis in Testes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis in Testes</u> DUE TO (c) <u>Arterio Sclerosis in Testes</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis in Testes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>Shrewsbury Sullivan Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Dec 8</u> , 19 <u>53</u> , to <u>Dec 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>53</u> and that death occurred at <u>10:55 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles Shroy Jr M.D.</u> (Degree or title)				23b. ADDRESS <u>Melan Mo</u>		23c. DATE SIGNED <u>1/14/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Melan Mo</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Annabelle D. Cooper, deputy Registrar</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Reggie Howard</u> ADDRESS <u>Melan</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. 3792

P. O. Address. Milan, 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 this body is not embalmed, fact should be so stated above.