

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5241**

BIRTH NO. **FILED FEB 25 1954** REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 35 yrs	c. CITY OR TOWN Carthage
d. FULL NAME OF HOSPITAL OR INSTITUTION: 519 W. Vine St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) 519 W. Vine St 049 D	

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) EDWARD	c. (Last) MILLIKAN	4. DATE OF DEATH (Month) (Day) (Year) Feb 13-1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 28-1888	9. AGE (In years last birthday) 65	F UNDER 1 YEAR Months	F UNDER 6 HRS. Days	F UNDER 15 MIN. Hours	F UNDER 5 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		10b. KIND OF BUSINESS OR INDUSTRY quarry		11. BIRTHPLACE (City and State or Foreign Country) Randolph County, N.C.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John D. Milligan	13b. MOTHER'S MAIDEN NAME Martha Osborn	14. NAME OF HUSBAND OR WIFE Emma Gray Milligan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-24-5262	17. INFORMANT'S SIGNATURE OR NAME Mrs. E.E. Millikan	ADDRESS 519 W. Vine, Carthage
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary right lung		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 24, 1953, to Feb 13, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 8:15a.m., from the causes and on the date stated above.

23a. SIGNATURE MEP	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 2-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-16-1954	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 2-15-54	REGISTRAR'S SIGNATURE Lloyd B. Clinton MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)
M.C.

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

RECEIVED FEB 24

RECEIVED FEB 24
Jasper County Health C
County File Number 54-2
Date Filed FEB 24

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..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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.