

No. 390
0.48
3
0
1

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25977**

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If located in corporate limits, write RURAL and give township) OR TOWN RURAL PIKE TWP	c. LENGTH OF STAY (in this place) 1 mo	c. CITY OR TOWN ADVANCE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 1030
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL PIKE TWP.		e. STREET ADDRESS (If rural, give location) RURAL PIKE TWP.	

3. NAME OF DECEASED (Type or Print)		a. (First) EULAH	b. (Middle) MAY	c. (Last) MILBURN	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1954		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Oct. 26, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days - -	IF UNDER 4 HRS. Hours Min. - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Clinton, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bloomer Nicholas			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE David Milburn		
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. NO.		17. INFORMANT'S SIGNATURE OR NAME David Milburn, R-1 Painter, Mo.			ADDRESS

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* (a) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION +43x	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)	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 **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Medical Director		23b. ADDRESS St. Louis Labor Health Institute 1127 Pine St., St. Louis, Mo.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-13-54	24c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	24d. LOCATION (City, town, or county) (State) ADVANCE, MO
DATE REC'D BY LOCAL REG. 7/14/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan ADDRESS Advance, Mo.	

(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.....
Signature of Student Embalmer

Signed..... *W. H. Morgan*

Licensed Embalmer No...*461*

P. O. Address *Advance*

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.