

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015209
STATE FILE NUMBER

FILED APR 30 1958

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 31

S. 300
v. 1-57

0790

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Perryville</u> <u>0790</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville Rt 4</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Frank Milner</u>			4. DATE OF DEATH Month Day Year <u>April 3, 1958</u>		
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 17, 1884</u>	9. AGE (In years last birthday) <u>74</u>	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired River Boat Pilot</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Perry County, Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Milner</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Roundtree</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Milner</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>348-16-6826</u>	
17. INFORMANT Address <u>Mrs. Emma Milner Perryville, Mo. Rt 4</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage, Massive</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in Part I (a) <u>1) Coronary Artery Disease 2) Gen. Arteriosclerosis</u>			
19. INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>331X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Dec. 7, 1957</u> to <u>Apr. 3, 1958</u> and last saw him alive on <u>April 1, 1958</u> Death occurred at <u>April 3, 1958 10:35 A.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) <u>A. E. McDermott, M.D. 0</u>		22b. ADDRESS <u>Perryville, Mo.</u>		22c. DATE SIGNED <u>Apr. 5, 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 5, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Perryville, Missouri</u>		24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo 4-7-58</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-58</u>	
26. REGISTRAR'S SIGNATURE <u>J. J. Zoellner</u>		27. (Licensed Embalmer's Statement on Reverse Side)			

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 *Wallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

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.