

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002178
STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 224 Primary Registration District No. 9046 Registrar's No. 5

300
1-57

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 Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 S Oak-Mone		d. STREET ADDRESS (If outside, give location) 308 S Oak	
Length of stay in lb 48 Yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Reverdy Milburn			4. DATE OF DEATH Month Day Year Jan 20 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 25 1874
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 0 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware Store		10b. KIND OF BUSINESS OR INDUSTRY Own Store	
11. BIRTHPLACE (City and state or country) Latham, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Milburn		13b. MOTHER'S MAIDEN NAME Sarah Cook	
14. NAME OF HUSBAND OR WIFE Deceased		17. INFORMANT Address Mrs. Samuel B. Ikard Kansas City, Mo	
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. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vasculose Accident			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 4 CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7:40 P		BY AFFIDAVIT OF Funeral Director 2-9-59	
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 July 1953 to 1-20-59 and last saw ^{her} him alive on 1-20-59 Death occurred at 7/40 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank M. Gallagher M.D.		22b. ADDRESS California Mo.	
22c. DATE SIGNED 1-22-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/23/59	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) California, Mo	
24. FUNERAL DIRECTOR Earl Boutin California, Mo		25. DATE RECD. BY LOCAL REG. 1-24-59	
26. REGISTRAR'S SIGNATURE H L Popejoy			

