

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048503
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 175

FILED DEC 26 1963

VS 300
Rev. 4/59

0506
20506

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus Length of stay in 1b		c. CITY OR TOWN Festus Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209a Main Street Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 209a Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William Benjamin Milfelt		4. DATE OF DEATH Month Day Year Dec. 14 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29, 1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney		10b. KIND OF BUSINESS OR INDUSTRY Perryville, Mo.	9. AGE (last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
12. CITIZEN OF WHAT COUNTRY U.S.A.		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME William Milfelt		13b. MOTHER'S MAIDEN NAME Rachel Hiatt	
14. NAME OF HUSBAND OR WIFE Caroline Harrison Milfelt		17. INFORMANT Address Mrs. Caroline Milfelt, Imperial, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Pulmonary Hemorrhage 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Accidental Rifle Shot Through	
20c. TIME OF INJURY 11:00 Hour p.m. Month, Day, Year 12-13-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20f. CITY, TOWN, OR LOCATION Festus		COUNTY JEFF STATE MO.	
21. I attended the deceased from Coroner's to request and last saw her/him alive on 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____			
22a. SIGNATURE <i>James C. Johnson</i> (Degree or title)		22b. ADDRESS Festus	
22c. DATE SIGNED 12-19-63		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 18, 1963	
23d. LOCATION (City, town, or county) Jefferson Barracks, Missouri		24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., Festus, Mo.	
25. DATE RECD. BY LOCAL REG. 12-17-63		26. REGISTRAR'S SIGNATURE <i>James G. Dyer</i>	

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 LEROY T. LUCAS, Student Embalmer No. 697

working under my personal supervision.

Student LeRoy T. Lucas
Signature of Student Embalmer

Signed W. B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: