

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13636

BIRTH NO.		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. LENGTH OF STAY (in this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		0891	
d. FULL NAME OF HOSPITAL OR INSTITUTION 603 S. Whitmer				d. STREET ADDRESS (If rural, give location) 603 S. Whitmer			
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Milburn		c. (Last) Milburn	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 18, 1885	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling sta. operator		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William H. Milburn		13b. MOTHER'S MAIDEN NAME Mary Alice Hoskins		14. NAME OF HUSBAND OR WIFE Delpha Marie Hopper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 495-10-1981		17. INFORMANT'S SIGNATURE OR NAME Delpha Marie Milburn, Richmond, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Rheumatic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 15 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		416 X	
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 4-15 , 19 50 , to 4-25 , 19 51 , that I last saw the deceased alive on 4-25 , 19 51 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23. SIGNATURE M. L. Masterson, M.D. (Degree or title)				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 4/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, '51		24c. NAME OF CEMETERY OR CREMATORY Woodland		24d. LOCATION (City, town, or county) (State) Richmond Missouri	
DATE REC'D BY LOCAL REG. April 30-1951		REGISTRAR'S SIGNATURE Malcolm Jackson 273		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, 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
Student Embalmer

Signed _____

Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.