

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20802**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **4333** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksburg</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>No Street Numbers</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street numbers</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Golden</b>	b. (Middle) <b>G.</b>	c. (Last) <b>Milburn</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 5th 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 2, 1889</b>	9. AGE (In years last birthday) <b>62</b>	10. MONTHS <b>0</b>	11. DAYS <b>0</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Guard</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Prison</b>	11. BIRTHPLACE (State or foreign country) <b>Morgan County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Milburn</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Yows</b>	14. NAME OF HUSBAND OR WIFE <b>Minnie Bell Milburn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-10-5390</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Bell Milburn</b>	ADDRESS <b>Clarksburg, Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 10, 1950**, to **June 5, 1951**, that I last saw the deceased alive on **June 5, 1951**, and that death occurred at **2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Kenyon Latham M.D.</b>	(Degree or title)	23b. ADDRESS <b>California, Ill</b>	23c. DATE SIGNED <b>6-6-51</b>
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24a. BURIAL OR CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 7, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Tipton S.E. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-8-51</b>	REGISTRAR'S SIGNATURE <b>N.R. Poppey L.R.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Samuel E. Richard</b>	ADDRESS <b>Tipton, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-19-51

DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 6-19-51

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 Jessie E. Richard  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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.