

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040795

STATE FILE NUMBER

FILED NOV 19 1958 Registration District No. 224 Primary Registration District No. 3096 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>MONITEAU</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>California</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>HOME</i>		Length of stay in 'b	d. STREET ADDRESS (If outside, give location) <i>0681</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLARD BARCELLO MILBURN</i>		4. DATE OF DEATH Month Day Year <i>Nov 16 1958</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT 28-1883</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>No</i>	9. AGE (In years last birthday) <i>75</i>
11a. BIRTHPLACE (City and state or country) <i>High Point Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>HENRY MILBURN</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Margaret Yows</i>	14. NAME OF HUSBAND OR WIFE <i>JESSIE Williams Milburn</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-40-0367</i>	17. INFORMANT Address <i>Mrs Jessie Milburn California Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Valvular heart disease</i> <i>mitral insufficiency</i> 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)			INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan 5, 1930</i> to <i>Nov 16, 1958</i> and last saw him alive on <i>Nov 15, 1958</i> Death occurred at <i>2:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Kerbyon Latham M.D.</i>		22b. ADDRESS <i>California, Mo.</i>	22c. DATE SIGNED <i>11-17-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>11-18-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. MARIAN Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Clarksburg Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Hugh Estilliam California Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11/17/58</i>	26. REGISTRAR'S SIGNATURE <i>Helen L Poppey</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

VS AUG 19 1959

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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.