

FILED DEC 7 1955

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 73

PLACE OF DEATH:

County Moniteau Co
City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution:
605 Roach St. - Home -
(If not in hospital or institution, write street number or location)
Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 Year
(years, months or days)

(a) PRINT FULL NAME Delbert Washington Milburn

(b) If veteran, _____ name war No
3. (c) Social Security: _____ No. None

Sex Male 5. Color or race White
(b) Name of husband or wife Lula E. Milburn
6. (a) Single, widowed, married/
divorced Married
(c) Age of husband or wife if
alive 76 years
Birth date of deceased Oct 22 1877
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>		hr. _____ min. _____

Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)

Usual occupation Retired FarmerIndustry or business Own Farm12. Name James C. Milburn

13. Birthplace Moniteau Mo
(City, town, or county) (State or foreign country)

14. Maiden name Jamima Cook

15. Birthplace Moniteau Mo
(City, town, or county) (State or foreign country)

(a) Informant Mrs Ralph Rich(b) Address California, Mo.

(a) Burial (b) Date thereof 11/25/55
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery Cal(e) Signature of funeral director Don Bonlin(b) Address California, Mo

(a) 11/29/55 (b) H. J. Poppy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Roach St.
(If rural, give location) 2681
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1955 hour 8 minute _____ PM.

21. I hereby certify that I attended the deceased from Aug 1
55 to Nov 22 1955
that I last saw him alive on Nov 22 1955
and that death occurred on the date and hour stated above.

Immediate cause of death 8:30 PM
Metastatic Carcinoma Duration 18 Mo

Due to Carcinoma of Prostate 3 years

Due to 177X

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
(e) While at work _____ (e) Means of injury _____

23. Signature H. J. Poppy (M.D. or other) 50

Address California Date signed 11/25/55

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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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James H. Borne

Licensed Embalmer No. *4733*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

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