

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033862  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 298 Primary Registration District No. 6023 Registrar's No. 101

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Ray</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Knopville Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Polo (Rural)</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>X</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Sandra Kay Miller</i>			4. DATE OF DEATH Month Day Year <i>Oct. 5 - 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jun 22 - 1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>1</i> IF UNDER 1 YEAR Months <i>3</i> Days <i>13</i> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <i>Mohaleys Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Charley Miller</i>		13b. MOTHER'S MAIDEN NAME <i>Helina Skidmore.</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
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. <i>—</i>	17. INFORMANT Address <i>Charley Miller Polo 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>Pneumonia</i> DUE TO (b) <i>Acute Gastro-enteritis &amp; Dehydration</i> DUE TO (c) <i>5710</i> 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)			INTERVAL BETWEEN ONSET AND DEATH <i>34 h</i> <i>3 days</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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Oct 4/58</i> to <i>Oct 5/58</i> and last saw her alive on <i>Oct 4/58</i> Death occurred at <i>5 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alvin A. [Signature]</i>		22b. ADDRESS <i>Hampton Mo</i>	22c. DATE SIGNED <i>10/6/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>10-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bethel Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>4 mi. S.W. of Polo Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Alsbaugh &amp; Cowley Polo Mo</i>		25. DATE RECD. BY LOCAL REG. <i>10-8-1958</i>	26. REGISTRAR'S SIGNATURE <i>Maluel Jackson</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.

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 *Ernie L. Howells* .....

Licensed Embalmer No. *4924* .....  
P. O. Address *Polo, 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.