

No. 300
10. 48

FILED DEC 30 1948

STANDARD CERTIFICATE OF DEATH

State File No. 42203

103
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 75

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR Town Dexter (Rural) Liberty | | c. CITY (If outside corporate limits, write RURAL and give township) OR Dexter Rural | |
| c. LENGTH OF STAY (In this place) Life | | d. STREET ADDRESS (If rural, give location) Route No. 3 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXXXXXX | | | |

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|--|----------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) May c. (Last) Miller | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 19 1948 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec 6 1882 |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Months 0 Days 13 | IF UNDER 24 HRS. Hours 13 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Dexter Mo. R. 3. |
| | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME Johnnie Williams | | 13b. MOTHER'S MAIDEN NAME Janie Davis | | 14. NAME OF HUSBAND OR WIFE John Miller | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME John Miller ADDRESS Dexter Mo. R. 3. | |

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|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1314 Chronic Interstitial Nephritis and Arteriosclerosis | | |

| | | | | | |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 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 **10/2**, 194**8**, to **12/19**, 194**8**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--|--|
| 23a. SIGNATURE S. S. Blair, D. M.D. (Degree or title) | | 23b. ADDRESS Dexter, Mo. | | 23c. DATE SIGNED 12/22/48 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24c. NAME OF CEMETERY OR CREMATORY Stevenson | | 24d. LOCATION (City, town, or county) (State) Dexter R. 3. Mo. | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 12-24-48 | | REGISTRAR'S SIGNATURE Valma W. Jenkins | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service Inc ADDRESS Dexter Mo. | |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1248-1224

Date Filed 12-28-48

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 Lynard Steele

Licensed Embalmer No. 2476

P. O. Address Jester 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.