

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5768**BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Balwan Mo		c. CITY (If outside corporate limits, write RURAL and give township) Balwan Mo Rural	
c. LENGTH OF STAY (In this place) 5 yrs.		d. STREET ADDRESS (If rural, give location) 10 7th South of Balwan	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 Austin St			

3. NAME OF DECEASED (Type or Print) Susan	a. (First)	b. (Middle) Armenta	c. (Last) Jane Miller	4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 27 1864	9. AGE (In years last birthday) Months Days 84 4 30	10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Greene County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John L. Cable	13b. MOTHER'S MAIDEN NAME Mary L. (Unknown)	14. NAME OF HUSBAND OR WIFE John J. Miller
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sutton Miller	ADDRESS Balwan Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wk.
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ICTERUS	DUPLICATE
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE
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DUPLICATE	DUPLICATE
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5705	DUPLICATE
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 180 LILAR POLIC MO
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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 **JULY 19 47** to **16 FEB 1949**, that I last saw the deceased alive on **13 FEB 1949**, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas R. O'Brien, M.D.	23b. ADDRESS Bolivar, Mo	23c. DATE SIGNED 18 Feb 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 20 1949	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove	24d. LOCATION (City, town, or county) (State) 5 mi South of Merrill, Mo
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DATE REC'D BY LOCAL REG. Mar 3, 1949	REGISTRAR'S SIGNATURE Ralph Garden	25. FUNERAL DIRECTOR'S SIGNATURE 258	ADDRESS Bolivar, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4884
1

RECEIVED

District Health Officer No. 7;

District File Number 2-49-209

Date Filed 3-9-49

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

Chas Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.