THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 3 1949

State File No. 17422

BIRTH NO. _____ REG. DIST. NO. 937 PRIMARY REG. DIST. NO. 4498 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Shelby Co Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hunnewell
c. LENGTH OF STAY (in this place) 1 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hunnewell
d. STREET ADDRESS (If rural, give location) North Part of Hunnewell

3. NAME OF DECEASED (Type or Print)
a. (First) Annie b. (Middle) Bella c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Feb. - 18 - 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH June - 21 - 1872
9. AGE (In years last birthday) 76 — If under 1 year: Months 7 Days 27 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Marion Co Missouri
12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME James S. Shaw
13b. MOTHER'S MAIDEN NAME Surra Katern Moss
14. NAME OF HUSBAND OR WIFE Douglass Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs Florence Murray — **ADDRESS** Hunnewell Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 1120

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

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) Hunnewell (COUNTY) Shelby (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb - 18 - 1949 - 4:15 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *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 C. W. Musgrove (Degree or title) Coroner
23b. ADDRESS Bethel Mo
23c. DATE SIGNED Feb 18 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/20/49
24c. NAME OF CEMETERY OR CREMATORY Andrew Chapel
24d. LOCATION (City, town, or county) Marion County (State) Mo

DATE REC'D BY LOCAL REG. Feb 22-49
REGISTRAR'S SIGNATURE Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE Mrs Zeta E. Gowan — **ADDRESS** Hunnewell Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 2-49
Date Filed FEB 2 8 1949

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 Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Sheelina Mo.

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

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