

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7272  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>400</u>		Registrar's No. <u>96</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Novinger</u>		c. LENGTH OF STAY (in this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Novinger Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>-1</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Kitt Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>1883-7-19</u>		
9. AGE (In years last birthday) <u>65</u>		10. MONTH (Day) (Year) <u>8 11</u>		IF UNDER 1 YEAR Month Days		IF UNDER 100 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Wilhelm</u>			13b. MOTHER'S MAIDEN NAME <u>Uttawa</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph W. Kitt Miller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Len Kitt Miller - Novinger Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction (Heart)</u>  ANTECEDENT CAUSES DUE TO (b) <u>age</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of rectum</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>Novinger Mo</u>				
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 <u>Jan 1949</u> to <u>March 1949</u> , that I last saw the deceased alive on <u>March 1949</u> , and that death occurred at <u>6:03 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J.S. Bachman M.D.</u>				23b. ADDRESS <u>Novinger Mo</u>		23c. DATE SIGNED <u>4-1-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/1/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Novinger Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-1-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Soper</u>				

(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 4-49

APR 5 - 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.

Signed.....

*Louis E. [Signature]*

Licensed Embalmer No. 4761

Signed.....  
Student Embalmer

P. O. Address Clarens, N.Y.

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.