

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11227

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY OR TOWN <u>Aid - Rural</u>		c. LENGTH OF STAY (in this place) <u>aug type</u>	c. CITY OR TOWN <u>Aid no Rural</u>		<u>103</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mile N. west of Aid</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Etta</u> c. (Last) <u>MILLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 16 1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>11</u> IF UNDER 24 HRS. Hours <u>5</u> Mins. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Stoddard Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James M. Whiteledge</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hale</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Laurie Miller's Aid mo</u> ADDRESS <u>✓</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) <u>in dx</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic hypervolemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>3 1/2 years</u> <u>2 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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?	
22. I hereby certify that I attended the deceased from <u>July 1946</u> to <u>Mar 1949</u> , that I last saw the deceased alive on <u>Mar 1949</u> and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Neal H. ...</u>			23b. ADDRESS <u>Stoddard Mo</u>		23c. DATE SIGNED <u>3/25/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 23 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hick Green Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co mo</u>
DATE RECD BY LOCAL REG <u>Apr. 1 - 49</u>		REGISTRAR'S SIGNATURE <u>Rose Webber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Service Inc</u> ADDRESS <u>Bloomfield mo</u>	

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

RECEIVED

District Health Office No. 2,

District File Number 449-451

Date Filed 4-4-49

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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 Lynna Steele

Signed.....  
Student Embalmer

Licensed Embalmer No. 2476

P. O. Address Wester Ma

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.