

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11475

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5714 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Bellingham</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Wayne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Wayne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>Near Sturdevant</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EWMER</u> b. (Middle) <u>LIEE</u> c. (Last) <u>MILNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 19, 1889</u>		9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR <u>11</u> Days	
11. UNDER 1 Hrs. <u>7</u> Hours		12. CITIZEN OF WHAT COUNTRY? <u>Illinois U.S.</u>		13. BIRTH PLACE (State or foreign country)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTH PLACE (State or foreign country)	

13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Edna B. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-12-654</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna B. Miller</u> ADDRESS <u>Sturdevant</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>A popley</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
		DUPLICATE TO (b) <u>Hypertensive</u>		
		DUPLICATE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		334X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 _____, 1949, to April, 1949, that I last saw the deceased alive on April 25, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Masters Do. 2</u> (Degree or title)		23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>4-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 26, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>		ADDRESS <u>Advance, Mo.</u>	

DATE REC'D BY LOCAL REG. May 4, 1949 REGISTRAR'S SIGNATURE William Dan Dumbarger 25 (Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4
Serial File Number 549-624
Date Filed 5-10-49

SEP 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 _____

Ira E. Meadows

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ira E. Meadows*

Licensed Embalmer No. 4637

P. O. Address *Piquette, 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.