S. No. 300
v. 10.48

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11663

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5735 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fisk Mo Rural
c. LENGTH OF STAY (in this place): 12 0 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None — At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fisk Rural
d. STREET ADDRESS (If rural, give location): 0 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rosie Jane
b. (Middle): Miller
c. (Last): [illegible]

4. DATE OF DEATH (Month) (Day) (Year): april 11 - 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Jan 23 - 1871
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 2, Days 19 — 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): Saline County Harrisburg Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jack Crawford
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Deceased

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Dave Miller — **ADDRESS**: Fisk 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): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4222

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) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Grover W. Greer (Degree or title): Coroner
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 4/12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: april 13-1949
24c. NAME OF CEMETERY OR CREMATORY: Ashhill cemetary
24d. LOCATION (City, town, or county) (State): Ash hill, Butler, Mo

DATE REC'D BY LOCAL REG.: 4/14/49
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Shelby Funeral Home Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 REC'D

BUTLER COUNTY HEALTH CENTER

449-63

4/18/49

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.

Signed ..... J E Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter Mo.

Signed .....
Student Embalmer

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.