

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15077

FILED MAY 19 1949
BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 4068 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOKANE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOKANE	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAIN ST.			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) WISE c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) MAY 12 1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 23, 1865	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 3 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Wm. T. Wise		13b. MOTHER'S MAIDEN NAME Martha Moore		14. NAME OF HUSBAND OR WIFE Johnny Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. D.K.		17. INFORMANT'S SIGNATURE OR NAME Mary Grace Miller, Mahan, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas			INTERVAL BETWEEN ONSET AND DEATH 6 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			157X	
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia			2 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mokane Callaway Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from **Jan 3, 1949**, to **May 12, 1949**, that I last saw the deceased alive on **May 12, 1949**, and that death occurred at **2:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Nichols, M.D.		23b. ADDRESS Mokane, Mo.		23c. DATE SIGNED 5-13-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 14, 1949		24c. NAME OF CEMETERY OR CREMATORY Mokane	
24d. LOCATION (City, town, or county) (State) Mokane, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Lawrence Gles of Maurin, Fulton, Mo.			
DATE REC'D BY LOCAL REG. May 13 1949		REGISTRAR'S SIGNATURE Martha Lawrence			

