

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 3 1949: STANDARD CERTIFICATE OF DEATH

16791

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Pemiscot County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Deering Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Deering</u>	
c. LENGTH OF STAY (in this place) <u>all of life</u>		78	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>9</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Evelyn</u> b. (Middle) <u>K</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1949</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 15 1949</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Orson Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Dorthe White</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Silva Miller</u> ADDRESS <u>Stiles, Mo 213</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>Dead upon arrival -</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probably due to over indulging</u> DUE TO (c) <u>Respiratory infection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>475X</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 ✓, 1949, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at — m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. R. Chapman, M.D.</u>		23b. ADDRESS <u>Stiles, Mo</u>		23c. DATE SIGNED	
---	--	--------------------------------	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Stiles Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-9-49</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>German and Co</u>		ADDRESS <u>Stiles Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6-49-147

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.