

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18678

BIRTH NO. _____ REG. DIST. NO: 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 719

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 12 WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 2506 St. Joseph, Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) Elizabeth c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) June 27, 1949		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 14, 1872	9. AGE (in years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John F. Wilcox		13b. MOTHER'S MAIDEN NAME Sarah Todd		14. NAME OF HUSBAND OR WIFE Andrew O. Miller	
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Wilcox - St. Joseph, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver - Chronic Liver Disease				56 yr.	
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Adhesions & Stones Common Duct					
		DUE TO (c) Cardiac Failure					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				55810	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Nov 23, 1948, to June 27, 1949, that I last saw the deceased alive on June 26, 1949, and that death occurred at 3:45a m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Kieber, M.D. (Degree or title)		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 6-27-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	24d. LOCATION (City, town, or county) (State) Savannah, Missouri		
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DATE REC'D BY LOCAL REG June 29, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	389	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Mo.		
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed *John Roy Stanley* _____

Licensed Embalmer No. *2435* _____

P. O. Address *St. Joseph 2nd* _____

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.