

FILED JUN 16 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

18871

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton, Mo</u>		c. LENGTH OF STAY (in this place) <u>6 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>326 W. second street.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Lee</u> c. (Last) <u>Miles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>January 24, 1889</u> 60		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel P. Clemens</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Cathilen Maltz</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Hofmann</u>		ADDRESS <u>Carrollton, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  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>6 mo</u>  <u>4292</u>		
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 <u>5-3-1949</u> , to <u>6-5-1949</u> , that I last saw the deceased alive on <u>6-5-1949</u> , and that death occurred at <u>1-4 m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. C. Cale, M.D.</u> (Degree or title)				23b. ADDRESS <u>Norborne Mo.</u>		23c. DATE SIGNED <u>6-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6/7/49</u>		REGISTRAR'S SIGNATURE <u>Ms Herbert Calvert</u>		45 25. FUNERAL DIRECTOR'S SIGNATURE <u>John G Ditch</u>		ADDRESS <u>Norborne Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 Recd

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-15-49

JUN 28 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 Me

and John Deitch Jr

Student Embalmer No. 322

working under my personal supervision.

Student John Deitch Jr  
Student Embalmer

Signed: John E Deitch Sr.  
Licensed Embalmer No. 3654

P. O. Address Warbone 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.