

FILED JUL 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18986

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City d. STREET ADDRESS (If rural, give location) 1220 Carter St.	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. LENGTH OF STAY (in this place) 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 Carter St.		d. STREET ADDRESS (If rural, give location) 1220 Carter St.	

3. NAME OF DECEASED (Type or Print) Sarah Blizebeth Miller			4. DATE OF DEATH (Month) (Day) (Year) July 1 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH April 27 1878	9. AGE (In years last birthday) 71 2 4	IF UNDER 14 RES. Hours Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Avery Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Baeshears	13b. MOTHER'S MAIDEN NAME Sarah Henderson	14. NAME OF HUSBAND OR WIFE John H. 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. no	17. INFORMANT'S SIGNATURE OR NAME Mrs J.R. Salmon	ADDRESS Jefferson City, Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses		INTERVAL BETWEEN ONSET AND DEATH June 14th 2 July 2 1949 331X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from **June 14, 1949**, to **July 1, 1949**, that I last saw the deceased alive on **July 27, 1949**, and that death occurred at **10:57** m., from the causes and on the date stated above.

23a. SIGNATURE John W. McHoney M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 7/1/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Warsaw Cemetery	24d. LOCATION (City, town, or county) (State) Warsaw MO.
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DATE REC'D BY LOCAL REG. July 1-1949	REGISTRAR'S SIGNATURE R.P. Darrin M.D. - M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	ADDRESS Jefferson City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1918
District Health Officer No. 9,
District File Number

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 Bill Branson
Student Embalmer

Signed Victor Branson
Licensed Embalmer No. 3701

P. O. Address Jefferson

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.