

FILED AUG 22 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 26485

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>5304</u>		Registrar's No. <u>173</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Nearer Osage Bluff, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nearer Osage Bluff, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Nearer Osage Bluff, Mo.</u>				
3. NAME OF DECEASED (Type or Print) <u>Anna Barbara Miller</u>			a. (First)	b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 10 1866</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Cole Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>C. Stetzen</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Miller</u>			
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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August Miller Jefferson City, 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>ritual resuscitation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age, Gangrene</u> DUE TO (c) <u>Age nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>June 3/49</u> <u>7-14-49</u> <u>11/14</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) <u>Jefferson City Cole Mo</u>				
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 <u>1-3-49</u> , to <u>7-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 1</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. A. Meyer MD</u>				23b. ADDRESS <u>Jefferson City Mo</u>		23c. DATE SIGNED <u>7-15-49</u>		
24a. BURIAL, CREMATION, BURIAL (Specify)		24b. DATE <u>7-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 15 - 1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD - NR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesche</u>		ADDRESS <u>Jefferson City Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

BUREAU OF CENSUS

1949 JUL 27 AM 11 54

ADMINISTRATIVE  
SERVICE DIVISION

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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. 315

..... working under my personal supervision.

Student

Bill Branson  
Student Embalmer

Signed

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address

Jefferson City 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.