

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31359

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dillon twp.		c. LENGTH OF STAY (in this place) Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Dillon Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. N. of 66 on Co. Rd. V.		d. STREET ADDRESS 1 mi. N. of 66 on Co. Rd. V.		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) ISABELLE		a. (First)	b. (Middle)	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 9, 1896	9. AGE (In years last birthday) (Months) (Days) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miller Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lidge Green		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Sherman Miller		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. ---	
17. INFORMANT'S SIGNATURE OR NAME Sherman Miller		ADDRESS Rt. 1 Rolla, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca of Gallbladder		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 None	
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) (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 Oct 4, 1949 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 P. m. , from the causes and on the date stated above.		23a. SIGNATURE Dwight M. Myers	
23b. ADDRESS 11 N. W. Parker Bldg. Rolla, Mo.		23c. DATE SIGNED 10/7/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/6/49		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla, Mo.	
DATE REC'D BY LOCAL REG. 10-8-49		REGISTRAR'S SIGNATURE Cora E. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	
ADDRESS Rolla, Mo.		(Licensed Embalmer's Statement on Reverse Side)			

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

81
606

10/10/49

RECEIVED
Phe/ps County Health Officer,
County File Number 1049-49
Date Filed 10/10/49

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 _____

La Vega E. Brown

Student Embalmer No. 345

working under my personal supervision.

Student

La Vega E. Brown
Student Embalmer

Signed

Paul E. Null

Licensed Embalmer No.

4498

P. O. Address

Rolla, 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.