

No. 300  
10-42

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32747

FILED SEP 16 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Advance</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Advance</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARISSA</u>		b. (Middle) <u>JANE</u>	
c. (Last) <u>MILLER</u>		4. DATE OF DEATH Month <u>July</u> (Day) <u>3</u> (Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 21 1865</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>D. C. Ridgeway</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Coughlin</u>		14. NAME OF HUSBAND OR WIFE <u>O. W. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>O. S. Bird</u>		ADDRESS <u>Advance, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4 gm</u>	
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) (Min.)	
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>July 3, 1949</u> , to <u>July 3, 1949</u> , that I last saw the deceased alive on <u>July 3, 1949</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. C. Mastus No. 2</u>		23b. ADDRESS <u>Advance, Mo.</u>	
23c. DATE SIGNED <u>7-1-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial July 5 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Ark.</u>	
DATE REC'D BY LOCAL REG. <u>7-1-49</u>		REGISTRAR'S SIGNATURE <u>Benton Moore</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd S. Moran</u>		ADDRESS <u>Advance, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1949

RECEIVED

District Health Office, No. 2,

District File Number 949-8

Date Filed \_\_\_\_\_

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 \_\_\_\_\_

*Lloyd S. Morgan Jr.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Lloyd S. Morgan Jr.*

Licensed Embalmer No. 4493

P. O. Address Adverse, 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.