

FILED OCT 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34683

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 11410 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shelby</i>	
b. CITY OR TOWN <i>St. James</i>	c. LENGTH OF STAY (in this place) <i>20 yrs</i>	c. CITY OR TOWN <i>St. James Mo. 81</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>		d. STREET ADDRESS (If rural, give location) <i>None</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>PEARL</i> b. (Middle) <i>M</i> c. (Last) <i>MILLER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>September 24, 1949</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 31, 1876</i>
9. AGE (In years last birthday) <i>73</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri D</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13a. FATHER'S NAME <i>John Pelrie</i>		13b. MOTHER'S MAIDEN NAME <i>Lawrence Hawey</i>	14. NAME OF HUSBAND OR WIFE <i>W.S. Miller</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>W.S. Miller</i> ADDRESS <i>St. James, Mo</i>
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) <i>adenocarcinoma of colon</i>		INTERVAL BETWEEN ONSET AND DEATH <i>three months</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>153X</i>	
19a. DATE OF OPERATION <i>12/1/49</i>		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of ascending colon</i>	
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 <i>Aug 27, 1949</i> , to <i>Sept. 24, 1949</i> , that I last saw the deceased alive on <i>Sept 21, 1949</i> , and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James H. Smith M.D.</i> (Degree or title)		23b. ADDRESS <i>St. James, Missouri</i>	
23c. DATE SIGNED <i>10/12/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-27-1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. James, MO.</i>	
DATE REC'D BY LOCAL REG. <i>Oct 12-1949</i>		REGISTRAR'S SIGNATURE <i>Cora E. Birmingham</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Oral E. Licklider</i>		ADDRESS <i>St. James, Mo.</i>	

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 10/18/49

AUG 23 1957

OCT 15 1956

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

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Orval E. Schuler

Licensed Embalmer No. 3544

Signed _____
Student Embalmer

P. O. Address St. James 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.