

FILED NOV 30 1949

STANDARD CERTIFICATE OF DEATH

37926

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5775 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson &amp; da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still Kildreth</u>		d. STREET ADDRESS (If rural, give location) <u>306 Ruby St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sara</u> b. (Middle) <u>Anne</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 7 49</u>		
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5. SEX <u>♀</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>Jan 17, 1880</u>	9. AGE (In years last birthday) <u>69</u> <u>9</u> Months <u>20</u> Days	10. IF UNDER 1 YEAR <u>U</u> IF UNDER 1 MRS. <u>U</u>
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Macon MO Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Charley Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>James Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Miller</u> ADDRESS <u>Macon</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>331X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile dementia</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
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"/>
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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) _____	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 31, 1949 to Nov 7, 1949 that I last saw the deceased alive on Nov 7, 1949 and that death occurred at 8:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. L. Mauck, D.O.</u>	23b. ADDRESS <u>Macon</u>	23c. DATE SIGNED <u>11.8.49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Macon MO</u>
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DATE REC'D BY LOCAL REG. <u>11-16-49</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	185	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephen &amp; Gooding</u> ADDRESS <u>Macon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11/23/49  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11/49/45  
Date Filed 11/23/49

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

*George W. Davalt*

Student Embalmer No. 347

working under my personal supervision.

Student *George W. Davalt*  
Student Embalmer

Signed *H M Godding* 175

Licensed Embalmer No. 3057

P. O. Address *Macon, 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.