

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3864

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Wabash Ct.		d. STREET ADDRESS (If rural, give location) 3 Wabash Ct.	
3. NAME OF DECEASED (Type or Print) a. (First) HATTIE		b. (Middle) RUSE	
c. (Last) MILLER		4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9 1 1871
9. AGE (In years last birthday) 78		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Audrain Co. Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James Ruse		13b. MOTHER'S MAIDEN NAME Agusta Sims	
14. NAME OF HUSBAND OR WIFE John F. Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME rs. Nadine Knowles 209 Anderson Columbia	
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>Melanoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Carcinoma of colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 7-28-49		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon with metastases</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>153X</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) 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 7-28-1949, to 2-9-1950, that I last saw the deceased alive on 2-9-1950, and that death occurred at 8:50 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Mark E. DePue</u> (Degree or title) Mrs.		23b. ADDRESS <u>Columbia Mo</u>	
23c. DATE SIGNED <u>2-11-50</u>		24. LOCATION (City, town, or county) (State) Columbia Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE 2 11 1950	24c. NAME OF CEMETERY OR CREMATORY Columbia Cem.	24d. LOCATION (City, town, or county) (State) Columbia Mo.
DATE REC'D BY LOCAL REG. Feb 11 1950	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 310	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Services</u> ADDRESS <u>Columbia Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED  
FEB 16 1950  
District Health Officer No. 9,  
District File Number

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. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Thas L. Baumgardner

Licensed Embalmer No. 4132

P. O. Address Polissid, N.J.

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.