

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4284

FILED MAR 11 1950

BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No.

251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Clinton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Clinton</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cameron</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cameron Community Hosp.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cameron</i> <i>0258</i>	
		d. STREET ADDRESS (If rural, give location) <i>Community Hosp.</i> <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Stella</i> b. (Middle) <i>Rings</i> c. (Last) <i>Miles</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1 28 50</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Aug 1 - 1869</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Carroll Co Kentucky</i>	
13a. FATHER'S NAME <i>James H Rings</i>			13b. MOTHER'S MAIDEN NAME <i>No record</i>		14. NAME OF HUSBAND OR WIFE <i>Wm L Miles</i>

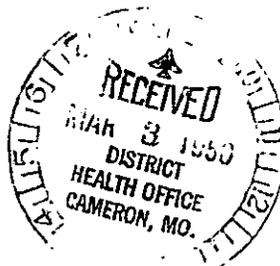
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No.</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		
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18. CAUSE OF DEATH Enter only one cause per line for (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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Not known</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Generalized arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic Bronchiectasis</i>		20. 'AUTOPSY?' YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 *9-26*, 19*49*, to *1-28*, 19*50*, that I last saw the deceased alive on *1-27*, 19*50*, and that death occurred at *6:45* a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>S. J. Natherton M.D.</i>		23b. ADDRESS <i>Cameron Mo</i>		23c. DATE SIGNED <i>1-31-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>1-30-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Cameron Mo</i>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Winifred W. Moser</i> <i>340</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Palmer Funeral Home Cameron</i>		



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 *George D. Lammell*

Licensed Embalmer No. *4425*

P. O. Address *224 West 4th*

Cameron, Missouri

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.