

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4525

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 165	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2 yrs 3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Merrieville</u>		841	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burger-Cannally Res Home</u>				d. STREET ADDRESS (If rural, give location) <u>Village of Merrieville</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Roberta Kane</u>		b. (Middle) <u>Miller</u>		c. (Last)	
4. DATE DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec 31 1872</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Park Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dr. J. W. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Winton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Grace M. Davis 304 E - 12th St Georgetown, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Rheumatism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteoarthritis</u> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>727X</u>				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE OR 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 1, 1949</u> to <u>Feb 22, 1950</u> that I last saw the deceased alive on <u>Feb 19, 1950</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Winton</u>				23b. ADDRESS <u>M.D. Springfield Mo</u>		23c. DATE SIGNED <u>2/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Merrieville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Merrieville Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-1-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Handley</u>		ADDRESS <u>Salvador</u>	

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

Willard B. Erwin

Licensed Embalmer No. *3092*

P. O. Address *Polina, 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.