

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5593**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4372** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town or township) Burlington Jct		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct	
c. LENGTH OF STAY (in this place) 57 yr		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Alice	b. (Middle) White	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Feb 22, 1950
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mch 7, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Toulon, Illinois	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME John G White	13b. MOTHER'S MAIDEN NAME Millie Dawson	14. NAME OF HUSBAND OR WIFE Phil Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Miles Ward Burlington Jct Mo	ADDRESS Burlington Jct Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infected teeth DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General atherosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from June, 1944, to Feb. 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Wallace D.D.	23b. ADDRESS Burlington Jct Mo.	23c. DATE SIGNED 2-14-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/50	24c. NAME OF CEMETERY OR CREMATORY Ohio	24d. LOCATION (City, town, or county) (State) Burlington Jct Mo
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DATE REC'D BY LOCAL REG. 3-4-1950	REGISTRAR'S SIGNATURE Bess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE J. H. ...	ADDRESS Burl. Jct Mo
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 2965

P. O. Address Avon, Ill. 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.