

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1950

State File No. 5841

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 604A Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL- Pine township</u>		c. LENGTH OF STAY (In this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Pine township</u>		0911
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>25 mile Northwest of Daniphan</u>			d. STREET ADDRESS (If rural, give location) <u>25 mile Northwest of Daniphan</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>OMA</u> b. (Middle) <u>Joyce</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-9-1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-25-1914</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Days <u>7</u> Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant & Postmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store & Postoffice</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HENRY J. Woodring</u>		13b. MOTHER'S MAIDEN NAME <u>Melia Wardlow</u>		14. NAME OF HUSBAND OR WIFE <u>HARDY Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bud Hay-Bardley 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Schrotic Hemangiosarcoma</u>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				228X

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 2-21, 1944, to 2-9, 1950, that I last saw the deceased alive on 12-4, 1949, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. W. Edwards M.D.</u>		23b. ADDRESS <u>277</u>		23c. DATE SIGNED <u>2/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BARDLEY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Bardley Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-24-50</u>	REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. W. Edwards - Daniphan Mo.</u>		

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

RECEIVED 3-8-50
District Health Officer No. 5,
District File Number 3-50-157
Date Filed 3-10-50

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.

Signed Carl B. Bird

Signed.....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Deniaphu, 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.