

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7398

State File No. ....

080  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Verona</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Layance</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash top</u> c. LENGTH OF STAY (In this place) <u>2-1-50</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Verona</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
3. NAME OF DECEASED a. (First) <u>HATTIE</u> b. (Middle) <u>MILLER</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-50</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>7-30-1883</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Verona Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Thomas Cary</u>		13b. MOTHER'S MAIDEN NAME <u>Basan Stogsdale</u>	14. NAME OF HUSBAND OR WIFE <u>H.C. Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give year or dates of service) _____		16. SOCIAL SECURITY NO. <u>00</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u> ADDRESS _____
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* <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile deterioration?</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
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? _____	
22. I hereby certify that I attended the deceased from <u>3-23-1949</u> to <u>2-16-1950</u> , that I last saw the deceased alive on <u>2-15-1950</u> , and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. St. Val</u> (Degree or title) _____		23b. ADDRESS <u>Verona, Mo.</u>	23c. DATE SIGNED <u>2-16-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring river</u>	24d. LOCATION (City, town, or county) (State) <u>Verona Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph H. Yancey</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>William Wood</u> ADDRESS <u>Aurora, Mo.</u>

RECEIVED  
District Health Officer No. 7,  
District File Number 1-50-96  
Date Filed 2-20-50

---

---

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.

Student .....  
Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Quincy, 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.