

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8171

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4170</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>		c. LENGTH OF STAY (In this place) <u>03</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>		<u>0320</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 6, 1867</u>		9. AGE (In years last birthday) <u>83</u>	F UNDER 1 YEAR <u>1</u> Months	F UNDER 1 YEAR <u>10</u> Days	F UNDER 1 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Savannah, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James H. Clark</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James Dee Miller</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 <u>A. Roscoe Miller</u>		ADDRESS <u>St. Joseph, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cancer Liver</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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.							<u>15-6A</u>	
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)		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>Mar 1, 1950</u> , to <u>Mar 16, 1950</u> , that I last saw the deceased alive on <u>Mar 1, 1950</u> , and that death occurred at <u>40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. M. Reynolds M.D.</u>				23b. ADDRESS <u>Union Star Mo</u>		23c. DATE SIGNED <u>3-17-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Star</u>		24d. LOCATION (City, town, or county) (State) <u>Union Star Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-12-50</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland D. Clark</u>		ADDRESS <u>King City</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

20



**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 \_\_\_\_\_

*Roland D. Clark*

Licensed Embalmer No. \_\_\_\_\_

*4477*

P. O. Address \_\_\_\_\_

*King City, 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.