

FILED APR 5 1950

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11586

State File No.

Registration District No. 326

Primary Registration District No. 6109

Registrar's No. 19

1. PLACE OF DEATH:

(a) County SCOTLAND CO. MO
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME DOXA. MAY. MILLER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband, or wife WILLIAM MILLER 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased APRIL 1st 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>1</u> hr. min.

9. Birthplace SCOTLAND CO. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business None

MOTHER FATHER { 12. Name JAMES DUMMONDS

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name HOUSE WIFE

15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. BEULAH KORN

(b) Address CANTON IOWA

17. (a) (b) Date thereof MAR 2 1950
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRAIRIE VIEW

18. (a) Signature of funeral director E. G. WELLS

(b) Address CANTON IO

19. (a) 3/10/50 (b) P. M. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SCOTLAND
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2990
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1950 hour 5 minute 36 P.M.

21. I hereby certify that I attended the deceased from Feb 28 1950
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 1/2 hr.

Due to Arteriosclerosis 17 yrs
Arterial hypertension 17 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: 4200

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury 0

23. Signature E. G. Wells (M. D. or other) MA
Address Canton, Mo. Date signed 3/10/50

RECEIVED APR 3 1950
District Health Officer No. 10
District File Number 4-50-26
Date Filed APR 3 1950

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.....

..... Mrs E. G. Wellborn, Registered Apprentice No.
working under my personal supervision.

Signed E. G. Wellborn
Licensed Embalmer No. 3485
P. O. Address Central

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.