

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12611

State File No.

286

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 449

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mt. Grove, 1140</u> | |
| c. LENGTH OF STAY (in this place) <u>1 Week</u> | | d. STREET ADDRESS (If rural, give location) <u>Route # 4</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John Hosp.</u> | | | |

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|--|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Anna</u> c. (Last) <u>Miller</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 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>April 27, 1886</u> | | 9. AGE (In years / last birthday) <u>64</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Horace Shampnoi</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>James 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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Miller Cabool, Mo.</u> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of gall bladder unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>155X</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>glomerulonephritis</u> | | | | <u>1 yr.</u> | |

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|--|--|---|--|--|--|
| 19a. DATE OF OPERATION <u>May 4 50</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>abscess of liver</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Springfield, Greene, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from May 2, 1950, to May 10, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>609 Cherry St.</u> | | 23c. DATE SIGNED <u>May 11, 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-12-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cabool</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Cabool, Mo.</u> | | | | | |

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>5-12-50</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Walter E. Zimmerman*

Licensed Embalmer No. 3808

Springfield, Mo.
P. O. Address

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.