

FILED APR 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 138
Registrar's No. 138

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Rest Home		d. STREET ADDRESS (If rural, give location) 503 W. Lexington	

3. NAME OF DECEASED (Type or Print) a. (First) Studie b. (Middle) Todd c. (Last) Miller			4. DATE OF DEATH (Month) April (Day) 8 (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 19, 1861	9. AGE (In years last birthday) 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Platte County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Oliver S. Todd		13b. MOTHER'S MAIDEN NAME Susan Unknown		14. NAME OF HUSBAND OR WIFE Harmon D. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Studie M. Walker	
				ADDRESS 503 W Lexington Indep. Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		794X 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Old fracture hip, making patient bed fast</i>		20. AUTOPSY? YES <input 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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Saunders MD</i>		23b. ADDRESS Independence		23c. DATE SIGNED 4-8-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
				24d. LOCATION (City, town, or county) (State) CamdenPoint, Missouri	

DATE REC'D BY LOCAL REG. APR 9-1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Tyler Baker</i>	
				ADDRESS Liberty, Mo	

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

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APR 19 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John Pasley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty, 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.