

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13645

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4273</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA Mo</u>		0540			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>201 WEST 10th ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u>			b. (Middle)		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>July 29, 1874</u>		9. AGE (in years last birthday) <u>77</u> <u>8</u> <u>6</u> If under 1 year: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>EMMA, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>WILLIAM DIERKING</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIA BROCKMAN</u>			14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS WALTER ROSEBROCK</u>				ADDRESS <u>CONCORDIA, Mo</u>	
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) <u>CORONARY THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</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) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4/20/1</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) 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 <u>8:45 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. S. Brady, M.D.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Missouri</u>			23c. DATE SIGNED <u>4/6/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial 11 April 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 7-1950</u>		REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u> 154		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. James</u>		ADDRESS <u>Concordia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

18-50
RECEIVED APR 18

District Health Officer No. 8,

District File Number _____

Date Filed 4-28-50

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Comadia M

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.