S. No. 300
10.48

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23239

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 128

5380

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

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stanberry Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.W. of Stanberry 5 Miles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): S.W. of Stanberry
d. STREET ADDRESS (If rural, give location): " "

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Melinda
b. (Middle):
c. (Last): Millet

4. DATE OF DEATH (Month) (Day) (Year): 6 22 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 7-14-1860
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eli G. Shenley
13b. MOTHER'S MAIDEN NAME: Hettie Rose
14. NAME OF HUSBAND OR WIFE: Monty Van Benson Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis	10 yrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	10 yrs
DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1943, *to* June 22, 1950, *that I last saw the deceased alive on* June 22, 1950, *and that death occurred at* 9A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack A Barnes Dr
23b. ADDRESS: King City MO
23c. DATE SIGNED: 6-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/25/50
24c. NAME OF CEMETERY OR CREMATORY: Lafayette Cemetery
24d. LOCATION (City, town, or county) (State): Nodaway Co MO

DATE REC'D BY LOCAL REG.: June 29-50
REGISTRAR'S SIGNATURE: Edith Childs 430
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Laton H Phillips

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 3 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 a~~ ..... ~~Student Embalmer No.~~ ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy A. Schultz

Licensed Embalmer No. 1898

P. O. Address Stanberry, 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.