

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30891**

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg 0512	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 319 W. Culton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 W. Culton			

3. NAME OF DECEASED (Type or Print) Mattie Louise Miller	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH September 19, 1950
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE Negroe	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joe Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Miller	ADDRESS Warrensburg, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 3 months 3 mo. 157X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-17, 1950, to 9-19, 1950, that I last saw the deceased alive on 9-18, 1950 and that death occurred at 1:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper, M.D. (Degree or title)	23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 9-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-22-50	24c. NAME OF CEMETERY OR CREMATORY SunSet Hill Cemetery	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. Sept 21, 1950	REGISTRAR'S SIGNATURE Sarah Ann... 147	25. FUNERAL DIRECTOR'S SIGNATURE W. B. ...	ADDRESS Warrensburg, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 25 1950
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 Elmo D. Triplett

Licensed Embalmer No. 4817

P. O. Address Warrensburg, 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.