

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32567

| | | | | | | | | | | | |
|---|--|---|---|---|----------------------|--|-------------------------------|--|--|----------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 27 | | PRIMARY REG. DIST. NO. 3096 | | Registrar's No. 96 | | | | | |
| 1. PLACE OF DEATH a. COUNTY BATES. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Cass | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Mt. Pleasant.) | | c. LENGTH OF STAY (in this place) 2 Mo 2 Wk | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drexel | | 0190 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Tree Rest Home. | | | | d. STREET ADDRESS (If rural, give location) 3rd & Main Street | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) SUSAN c. (Last) MILLER. | | | 4. DATE OF DEATH Oct. 11, 1950. | | 5. SEX Female | | 6. COLOR OR RACE White | | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed. | | 8. DATE OF BIRTH May, 5, 1866 | | 9. AGE (in years last birthday) 84 | | IF UNDER 1 YEAR 5 Days | | IF UNDER 4 HRS. 6 Hours | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home. | | | 10b. KIND OF BUSINESS OR INDUSTRY Household Duties | | | 11. BIRTHPLACE (State or foreign country) Owensboro, Kentucky. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Josiah VanMeter. | | | 13b. MOTHER'S MAIDEN NAME Not Known. | | | 14. NAME OF HUSBAND OR WIFE Mell B. Miller. | | | | | |
| 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 Roye Miller, Drexel, Missouri | | | | | | | |
| 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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year 10 years 4 1/2 | | | |
| 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) (Min.) | | 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 8-15- , 19 50 , to 10/11/ , 19 50 , that I last saw the deceased alive on Oct. 11 , 19 50 , and that death occurred at 5:30 Am. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE L. D. Lathrop, M.D. (Degree or title) | | | | 23b. ADDRESS Butler, Missouri. | | | | 23c. DATE SIGNED 10/12/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/13/1950 | | 24c. NAME OF CEMETERY OR CREMATORY Glen Wild, | | 24d. LOCATION (City, town, or county) (State) West Line, Missouri | | | | | |
| DATE REC'D BY LOCAL REG. 10/12/50. | | REGISTRAR'S SIGNATURE Arnold A. Kerigo | | | | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... ADDRESS Drexel, Mo. | | | | | |

(Licensed Embalmer's Certificate on Reverse Side)

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

0070
4

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-50

Embalmer

STATEMENT BY LICENSED EMBALMER

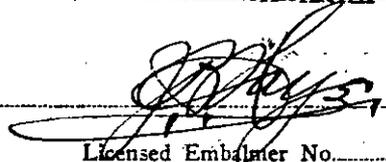
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~XXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

working ~~under my personal supervision~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~
Student Embalmer

Signed _____



Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.