

No. 300  
10. 48

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 48

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

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>RFD 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. State Sanatorium</b>			

3. NAME OF DECEASED a. (First) <b>Pauline</b> b. (Middle) _____ c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29, 1951</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Dec. 17, 1919</b>		9. AGE (In years last birthday) <b>31</b>		IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>James A. Mayfield</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Lester</b>		14. NAME OF HUSBAND OR WIFE <b>Earl L. Miller</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Mt. Vernon, Mo.</b>	
ADDRESS _____					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>about 4 MO</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Transitional Carcinoma of the mediastinum</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		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 checked="" 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 Jan. 23, 1951 to Jan. 29, 1951, that I last saw the deceased alive on Jan. 29, 1951, and that death occurred at 10:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Brasher M.D.</b>		23b. ADDRESS <b>Mt. Vernon, Mo.</b>		23c. DATE SIGNED <b>Jan. 29, '51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 1 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>2007s</b>		24d. LOCATION (City, town, or county) (State) <b>Monett Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Jan 29 1951</b>		REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b>		411		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett</b>		ADDRESS <b>Monett Mo</b>	
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 31 1951

Dist. File 151-266

Date Filed 1-31-51

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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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....  
Signed [Signature]

Licensed Embalmer No. 4213

P. O. Address Monett, 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.