

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10925

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 814	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) JENNINGS		c. LENGTH OF STAY (In this place) 3 1/2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) De Soto, Mo. 05A2		d. STREET ADDRESS (If rural, give location) 105 E. 2nd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELMS NURSING HOME							
3. NAME OF DECEASED a. (First) Theresa b. (Middle) Ellett c. (Last) MILLIANO			4. DATE OF DEATH (Month) (Day) (Year) MAR. 28-1951				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 6-1877		9. AGE (In years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) Hillsboro, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alexander Huskey			13b. MOTHER'S MAIDEN NAME SARAH PARTNEY		14. NAME OF HUSBAND OR WIFE Wm. Milliano		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. SARAH BRINKMAN-DeSoto, Mo.			
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) Carcinoma of the Uterus ANTECEDENT CAUSES with metastases to bone Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) & extension to bowel DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS senile dementia Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 174X				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 Dec. 15, 1951 , to March 28, 1951 , that I last saw the deceased alive on March 27, 1951 , and that death occurred at 8:30P m. , from the causes and on the date stated above.							
23a. SIGNATURE Lewis Littman MD				23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 3/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-31-51		24c. NAME OF CEMETERY OR CREMATORY CITY		24d. LOCATION (City, town, or county) (State) De Soto Mo.	
DATE REC'D BY LOCAL REG. 3/28/51		REGISTRAR'S SIGNATURE Hubert R. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Motherhead-De Soto, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

4008
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.