

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16204

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>440-A</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>4 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Averton, RURAL, MO, 0550</u>		d. STREET ADDRESS (If rural, give location) <u>R-R.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sprg. Baptist Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>R-R.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>			b. (Middle) _____		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-14-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10-18-1886</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>64 6 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George Weatherspoon</u>			13b. MOTHER'S MAIDEN NAME <u>Millie Fortner</u>			14. NAME OF HUSBAND OR WIFE <u>Sam Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sam Miller Averton Mo</u>					
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) <u>Cerebral thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Essential hypertension</u>  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 <u>4 days</u>  ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>332X</u>						20. AUTOPSY? YES <input 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 <u>5-10</u> , 19 <u>51</u> , to <u>5-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-13</u> , 19 <u>51</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>GB Lemmon Jr MD</u>				23b. ADDRESS <u>Springfield, Mo.</u>			23c. DATE SIGNED <u>5-22-51</u>		
24a. BURIAL, CREMATION, BURIAL (Specify)		24b. DATE <u>5-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dunkirk</u>		24d. LOCATION (City, town, or county) (State) <u>N. of Lawrenceburg Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-23-51</u>		REGISTRAR'S SIGNATURE <u>W E Handley MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morris Junior Miller Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0394  
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EX-107

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 E. R. Linn

Licensed Embalmer No. 3297

P. O. Address Miller 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.