

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19657

State File No.

FILED JUL 2 - 1951

No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>61</u>	PRIMARY REG. DIST. NO. <u>4107</u>	Registrar's No. <u>32</u>
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roscoe</u> <u>0930</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> c. LENGTH OF STAY (in this place) <u>4 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kings Nursing Home</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>May</u> c. (Last) <u>Miles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/18/1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/21/1877</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND-OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Christian County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Harry Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Prunty</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Dominick, Roscoe, 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>Chronic Myocarditis, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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
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) 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>2-22</u> 19 <u>51</u> , to <u>18 June, 1951</u> , that I last saw the deceased alive on <u>18 June, 1951</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>18 June 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>June 20, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		2. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Roscoe Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

201
4

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File

Date Filed

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File 657-1369

Date Filed 6-27-51

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

J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address *Oswego 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.