

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19970**
 Registrar's No. **94**

FILED JUL 10 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		
1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		1422	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moore's Nurising Home			d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) M. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) July 4 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 31 1856	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 10 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) California, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Granville M. Moore		13b. MOTHER'S MAIDEN NAME Sarah Bailey		14. NAME OF HUSBAND OR WIFE John M. Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME H. F. Huston	ADDRESS Clinton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES DUE TO (b) Atherosclerosis DUE TO (c) Senile Degeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 24X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none			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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 7/1 , 19 50 , to 7/4 , 19 51 , that I last saw the deceased alive on 7/1 , 19 51 , and that death occurred at 6:30 a.m. , from the causes, and on the date stated above.						
23a. SIGNATURE Ed. C. Pesler MD		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 7/5/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) Henry Co., Missouri			
DATE REC'D BY LOCAL REG July 5-51	REGISTRAR'S SIGNATURE Florence O. Blair		25. FUNERAL DIRECTOR'S SIGNATURE Frank W. ...			

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

RECEIVED

7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

7-9-51

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 _____

Fred W. Williams, Jr.

Licensed Embalmer No. 4510

P. O. Address Clinton

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.