

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24190**

942  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 306L Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>	
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>301 Roosevelt</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cunningham Nursing Home</b>			
3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) <b>Elton</b> c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July, 26, 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 16, 1873</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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>St. Francois County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>E. K. Hopkins</b>	
13b. MOTHER'S MAIDEN NAME <b>Phoebe Mason</b>		14. NAME OF HUSBAND OR WIFE <b>George A. Miller</b>	
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>Dewey Mrs. T. R. Denman Farmington, Mo.</b>			
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) <b>Intracerebral hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension severe</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>arteriosclerosis (gen)</b> DUE TO (b) <b>old-hemiplegia</b> DUE TO (c) <b>old-hemiplegia</b> 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) (Min.)	
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>July 1, 1951</u> , to <u>July 26, 1951</u> , that I last saw the deceased alive on <u>7-25, 1951</u> and that death occurred at <u>4:30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>N. P. Gaelle M.D.</b> (Degree or title)		23b. ADDRESS <b>De Lage Mo</b>	
23c. DATE SIGNED <b>7-27-51</b>			
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 29, 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>K of P Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Farmington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>July 28, 1951</b>		REGISTRAR'S SIGNATURE <b>Esther Rudolph</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ch Cozear Farmington, Mo.</b>		ADDRESS	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. \_\_\_\_\_

AUG 6 1951

RECEIVED

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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 \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.