No. 300 FILED FEB 4 1952
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

675

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 31

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

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belle, Mo 0630 1
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): Rose
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Feb 1, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 18, 1866
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 4, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Linn Mo
12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: William Davis
13b. MOTHER'S MAIDEN NAME: Lula Vaughan
14. NAME OF HUSBAND OR WIFE: John O Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: John O Miller — ADDRESS: Belle 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fracture femur — 6 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION: Jan 27th
19b. MAJOR FINDINGS OF OPERATION: Fracture femur
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City, Cole Mo 026
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 25, 1951 1 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell at home

22. *I hereby certify that I attended the deceased from* Jan 25, 1952, *to* Feb 1, 1952 *that I last saw the deceased alive on* Feb 1, 1952 *and that death occurred at* 6:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leon A Taylor M.D.
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Belle, Mo.

DATE REC'D BY LOCAL REG.: Feb 2-1952
REGISTRAR'S SIGNATURE: R. P. Dorris MD-NR. 68
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher — ADDRESS: Jefferson City Mo. (Marten at Linn)

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.