

## STANDARD CERTIFICATE OF DEATH

State File No. 4550

1936  
1

LEED MAR 4 1952

BIRTH NO. 4 1952 REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> 0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. 2</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. 2</u>	
3. NAME OF DECEASED a. (First) <u>Fannie</u> (Type or Print)		b. (Middle) <u>Erwin</u>	
c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 29 1952</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>April 30 1862</u>
9. AGE (In years last birthday) <u>89</u>		10. MONTH (Day) (Year) <u>9 29</u>	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House work.</u>	11. BIRTHPLACE (State or foreign country) <u>Millersville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Erwin</u>	
13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lavern Kahre</u>		ADDRESS <u>Union 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral - vascular hemorrhage</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis - Hypertension</u>	
DUE TO (c) <u>Senility (advanced)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 years</u> <u>20 years</u>	
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? <u>331X</u> 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) (Minute)	
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>September, 1951, to 29 Feb, 1952</u> , that I last saw the deceased alive on <u>24 February, 1952</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William Richardson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Union, Mo.</u>	
23c. DATE SIGNED <u>29 Feb 52</u>		24. LOCATION (City, town, or county) (State) <u>Union Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/1/52</u>		REGISTRAR'S SIGNATURE <u>G. H. Cooper</u> 98-1	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Oltmann</u>		ADDRESS <u>Union Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1917

**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. F. Olthmann

Licensed Embalmer No. 1686

P. O. Address Union 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.