

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5587

State File No.

FILED MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 25

542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa Lexington 0542</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>North 5th street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>S.</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8, 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day Labor</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>C.J. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ember</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Miller</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maxine Ahring, Odessa, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism following surgery</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES DUE TO (b) <u>Strangulated hernia with ganglous appendix</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>5/21/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated hernia with ganglous appendix in hernia.</u> <u>3 days later left hernia.</u>		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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5501</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 18, 1952</u> , to <u>Feb. 28, 1952</u> , that I last saw the deceased alive on <u>Feb. 28, 1952</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ben W. Brasher M.D.</u>		23b. ADDRESS <u>Lexington, Missouri</u>	23c. DATE SIGNED <u>3/10/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 1, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10 April 1952</u>		REGISTRAR'S SIGNATURE <u>Theresa Sealworks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gusman - Sparks Odessa, Mo.</u>

Becker

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Henry T. Husman*.....

Licensed Embalmer No. *7541*.....

P. O. Address. *Oden Ind.*.....

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.