

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9378**

FILED MAR 25 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **90**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804	
c. LENGTH OF STAY (In this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 911 East 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 E. 5th St			

3. NAME OF DECEASED (Type or Print) a. (First) Oretha	b. (Middle) Miller	c. (Last) Richey	4. DATE OF DEATH (Month) (Day) (Year) 3-18-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan 3 1860	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Miller	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Richey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Eva Smith 911 E. 5th Sedalia
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Influenza		3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterio-sclerosis General and marked		Chronic
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION No operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) No to all	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No injury	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No injury
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No injury	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? No injury
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22. I hereby certify that I attended the deceased from **Part of several years, 1952**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Prader (Degree or title)	23b. ADDRESS 1122 1/2 4th Sedalia Mo	23c. DATE SIGNED 3/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19 1952	24c. NAME OF CEMETERY OR CREMATORY Dreaden	24d. LOCATION (City, town, or county) (State) Dreaden Mo
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DATE REC'D BY LOCAL REG. 3/18/52	REGISTRAR'S SIGNATURE R. G. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul M. Moore La Monte Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0804

MAY 26 1952

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.