

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27141**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY BOONE 0105		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY BOONE 0105	
b. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA	c. LENGTH OF STAY (Specify place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION XX611 SEXTON RD		d. STREET ADDRESS (If rural, give location) 611 SEXTON ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) ELSIE	b. (Middle) PEARL	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 2, 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 10, 1925	9. AGE (In years last birthday) (If under 1 year, Months) (If under 12 months, Days) (Hours) (Min.) 27 3 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) BOONE COUNTY MO. 0	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME ROY BEA	13b. MOTHER'S MAIDEN NAME KATIE HALL	14. NAME OF HUSBAND OR WIFE RALPH MILLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-18-7008	17. INFORMANT'S SIGNATURE OR NAME Leon Barkley	ADDRESS Columbia
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage into pleural space		INTERVAL BETWEEN ONSET AND DEATH 5-10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound of heart		
	DUE TO (c) E981X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gunshot wound of left lung		5-10 min	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SURVEY HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 2 52 10am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot by Ralph Miller, Husband
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22. I hereby certify that I attended the deceased from **9/2/52** to **10:11 AM**, 19**52**, that I last saw the deceased alive on **9/2/52**, and that death occurred at **10:11 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larry Sweet JMD	23b. ADDRESS COLUMBIA MO.	23c. DATE SIGNED 9/5/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Sept 4 52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) BOONE COUNTY MO
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DATE REC'D BY LOCAL REG. Sept 5 1952	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE R. E. Sweet	ADDRESS Columbia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 20 1952
P 16 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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lynnan W. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.