

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27533

State File No. ....

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 206

264

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Jefferson City, Mo</u>	c. LENGTH OF STAY (in this place) <u>8 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson city mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>611 Lafayette St</u>		d. STREET ADDRESS (If rural, give location) <u>611 Lafayette St</u>	

3. NAME OF DECEASED (Type or Print) <u>AMERICA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 - 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 28 - 1858</u>	9. AGE (In years last birthday) <u>94</u>	10 UNDER 1 YEAR <u>5</u>	11 UNDER 1 MIN. <u>13</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Boyd</u>	13b. MOTHER'S MARDEN NAME <u>Emily Ramsey</u>	14. NAME OF HUSBAND OR WIFE <u>John Moore</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Mayberry</u>	ADDRESS <u>611 Lafayette St</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>?</u>  <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5 Aug 52, 1952, to 11 Aug, 1952, that I last saw the deceased alive on 11 Aug, 1952, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James G. Miller D.O.</u>	23b. ADDRESS <u>227 Jefferson St.</u>	23c. DATE SIGNED <u>11 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 13 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Longview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cole County, MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 19 - 1952</u>	REGISTRAR'S SIGNATURE <u>R. P. Harris MD - MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawner's Funeral Home</u>	ADDRESS <u>200 Jefferson</u>
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*J. Miller*

**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 \_\_\_\_\_

*J. Miller*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3641

P. O. Address J. Miller

**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.