S. No. 300
v. 10.48

9-10-52
SEP 10 19

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28466

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 378

1. PLACE OF DEATH
a. COUNTY: Jasper 0495 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee 150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riverton, Kansas 8
d. STREET ADDRESS (If rural, give location): R # 2, Galena, Kansas

3. NAME OF DECEASED (Type or Print)
a. (First): Effie
b. (Middle): I
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1952

5. SEX: Female /
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 14, 1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Greenville Ohio /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Miller
13b. MOTHER'S MAIDEN NAME: Almira Harless
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Maude Livingston Riverton, Kansa

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) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Due to collapse of trachea — 5 min
DUE TO (c) Rupture of subclavian artery — 1 hour

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalixed arteriosclerosis — years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E8259 33
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Auto Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cherokee County, Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): August 27, 1952 6:30
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* Aug 27, 19 52, *to* Aug 27, 19 52, *that I last saw the deceased alive on* Aug. 27, 19 52, *and that death occurred at* 8:07 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph E. Meinhardt M.D. Doctor of Medicine
23b. ADDRESS: 410 Jackson Joplin, Mo.
23c. DATE SIGNED: 8-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 5
24b. DATE: 8-29-52
24c. NAME OF CEMETERY OR CREMATORY: PARK
24d. LOCATION (City, town, or county) (State): COLUMBUS KANS

DATE REC'D BY LOCAL REG.: 8-30-52
REGISTRAR'S SIGNATURE: Ed O. James by Dolores Lampkins DR 138
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. O. Derfelt Galena Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/704

Date Filed 9-9-52

OCT 21 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.

Signed Howard E. Gibson

Kansas Licensed Embalmer No. 2310

P. O. Address Galena, Kansas

Signed .....
Student Embalmer

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.