

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30946

State File No. _____
REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 329

FILED OCT 6 1952

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Portland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portland</u> <u>0140</u>	
c. LENGTH OF STAY (In this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Home Portland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Careward Jwp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATHERIE</u> b. (Middle) <u>R.</u> c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 2 - 52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>SEPT 19, 1874</u>
9. AGE (In years last birthday) <u>78</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HT Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OSAGE COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES E MILLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Norman Holghaus</u> ADDRESS <u>Portland 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular Hypertension of arterio-sclerosis</u>			
DUE TO (c) <u>Stenosis of mitral valve of heart</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>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 10, 1952</u> to <u>Sept 30, 1952</u> , that I last saw the deceased alive on <u>Sept 29, 1952</u> and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Payne</u>		23b. ADDRESS <u>MP. R #6 Fulton</u>	23c. DATE SIGNED <u>10-2-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 4, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO</u>
DATE REC'D BY LOCAL REG. <u>Oct 4-1952</u>	REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> <u>426-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marvin Funeral Home Fulton Mo</u> ADDRESS _____	

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

AUG 4 1958

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 *L. V. Rastor*
Licensed Embalmer No. 2558
P. O. Address *Authton 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.