.S. No. 300
EV. 10.48

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

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

993

State File No.

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 497 Registrar's No. 16

6381
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1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stanberry
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harmony Hill Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Miller 03
d. STREET ADDRESS (If rural, give location) South West of Albany, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle) Elizabeth
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 18, 1868
9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months 7 Days 8
IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Allen C. Miller
13b. MOTHER'S MAIDEN NAME Sarah Robertson
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)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Bert Miller
ADDRESS Darlington, Mo.

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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 480X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 26, 1953, *that I last saw the deceased alive on* Jan 26, 1953, *and that death occurred at* 4:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE C. A. Williams (Degree or title) DO
23b. ADDRESS Gentry Mo
23c. DATE SIGNED 1-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 28, 1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
24d. LOCATION (City, town, or county) Albany, Mo. (State)

DATE REC'D BY LOCAL REG. 1-27-53
REGISTRAR'S SIGNATURE Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brown
ADDRESS Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifford E. Brooks

Licensed Embalmer No. .....

P. O. Address .....

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.