

FILED FEB 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2229

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 1

0640
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>MARTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>ROUND GROVE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>MAYWOOD</u> | |
| c. LENGTH OF STAY (In this place) <u>5 wks.</u> | | d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXX</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SO, MAYWOOD HEIGHTS</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NONA</u> b. (Middle) <u>JOSEPH INE</u> c. (Last) <u>MILLER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14, 1953</u> | | |
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|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|--|--|
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH* <u>FEB. 2, 1903</u> | | 9. AGE (In years last birthday) <u>49</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>12</u> IF UNDER 12 HRS. Hours Min. | |
|----------------------|--|-------------------------------|--|---|--|---------------------------------------|--|--|--|

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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>XXXXXXXXXXXX</u> | | 11. BIRTHPLACE (State or foreign country) <u>GREEN CO. MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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|-----------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>TOM MILLER</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>XXXXXXXXXX</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA BIRCHFIELD</u> ADDRESS <u>MAYWOOD, MO.</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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberc Pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 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 Jan 14, 1953, to Jan 14, 1953 that I last saw the deceased alive on Jan 14, 1953, and that death occurred at 11 P m., from the causes and on the date stated above.

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|--|--|--------------------------------|--|---------------------------------------|--|
| 23a. SIGNATURE <u>AT Reimer M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Palmyra Mo</u> | | 23c. DATE SIGNED <u>Jan 16 - 1953</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1/17/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MAYWOOD</u> | | 24d. LOCATION (City, town, or county) (State) <u>MAYWOOD, MISSOURI</u> | |
|---|--|--------------------------|--|---|--|--|--|

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-16-53</u> | | REGISTRAR'S SIGNATURE <u>E. M. Knake</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold</u> ADDRESS <u>LEWISTOWN, MISSOURI</u> | |
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184-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 5 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1953

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.