

No. 300
10-48
FILED

1953
FEB 3

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **2288**

BIRTH NO. _____ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **5809** Registrar's No. **42**

1. PLACE OF DEATH
a. COUNTY **Montgomery**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo** b. COUNTY **Montgomery**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Danville Twp**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural-Danville Twp 0900**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4 mi. N. W. of Big Springs**

d. STREET ADDRESS (If rural, give location) **4 mi. N. W. of Big Springs**

3. NAME OF DECEASED (Type or Print) a. (First) **IDA** b. (Middle) **MARY** c. (Last) **MILLER** 4. DATE OF DEATH (Month) (Day) (Year) **Jan 30 1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan 28 1894** 9. AGE (In years last birthday) **59** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Housework**

11. BIRTHPLACE (City and State or Foreign Country) **Berger Mo**

12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **August Bade**

13b. MOTHER'S MAIDEN NAME **Mary Wissmann**

14. NAME OF HUSBAND OR WIFE **Gus Miller**

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 **Gus Miller, RFD New Florence, Mo**

18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
		Generalized Carcinomatosis		9-30-49
		ANTECEDENT CAUSES		
		DUE TO (b) Carcinoma of Left Breast		9-30-49
		DUE TO (c) Metastasis		1953
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death. 11 Generalia 170 X		1949

19a. DATE OF OPERATION **1949**

19b. MAJOR FINDINGS OF OPERATION **Carcinoma of Left Breast & Metastasis**

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 **9:30** on **Jan 26, 1953** to **Jan 30, 1953** that I last saw the deceased alive on **Jan 26, 1953** and that death occurred at **7:00** A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. J. Anderson, M.D.**

23b. ADDRESS **Montgomery, Mo**

23c. DATE SIGNED **1/31/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Feb. 1-1953**

24c. NAME OF CEMETERY OR CREMATORY **St. John's Cemetery**

24d. LOCATION (City, town, or county) (State) **Berger Mo**

DATE REC'D BY LOCAL REG. **1-31-53**

REGISTRAR'S SIGNATURE **John Helm no 2070**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **August Hermann Hermann, Mo**

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

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 _____

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.