

**STANDARD CERTIFICATE OF DEATH**

State File No. **7102**

FILED MAR 5 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5938 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and township) <u>Rural Doolittle Burlington Sup</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Doolittle Burlington Sup</u>	
c. LENGTH OF STAY (in this place) <u>8 years</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 66 (old) Doolittle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66 (Old) - Doolittle</u>		e. STREET ADDRESS <u>Highway 66 (old) Doolittle</u>	

3. NAME OF DECEASED (Type or Print) <u>IDA</u>			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1953</u>			
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>June 15, 1877</u>			9. AGE (in years last birthday) <u>75</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>George R. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Wade</u>			14. NAME OF HUSBAND OR WIFE <u>John Henry</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>John H. Hodge</u>			ADDRESS <u>Doolittle, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral insufficiency</u> ANTECEDENT CAUSES <u>Chronic myocarditis &amp; aortic valvular disease</u> DUE TO (b) <u>4222</u> DUE TO (c) <u>Severe cardiac asthma</u>								INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>4 or 5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Nov 6, 1948, to Feb 19, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard E. Myers, MD</u>			23b. ADDRESS <u>Newburg, Mo.</u>			23c. DATE SIGNED <u>Feb. 20, 1953</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 24, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>			ADDRESS <u>Rolla, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 3-4-53

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Polla, 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.