

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17023

State File No.

FILED MAY 21 1953
BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Bollinger 0090		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crooked creek c. LENGTH OF STAY (if in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crooked Creek 1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bessville, Mo		d. STREET ADDRESS (If rural, give location) Bessville, Mo.	
3. NAME OF DECEASED a. (First) Mildred b. (Middle) Mae c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 5 2 53
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-15-1893
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 8 Days 17	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Marble Hill, Mo. T.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert L. Parks	
13b. MOTHER'S MAIDEN NAME Ida Mitchell		14. NAME OF HUSBAND OR WIFE George M. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME George M. Miller, Bessville, Mo. ADDRESS _____			
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) acute nephritis ANTECEDENT CAUSES Septicemia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subverting uterine tumor DUE TO (c) Mitral Stenosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDES (Specify) Stomach		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) Lutesville Bollinger Mo COUNTY (STATE) MO		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Sept 10, 1949 to May 2, 1953 , that I last saw the deceased alive on April 30, 1953 and that death occurred at 7:15 p.m. , from the illness and on the date stated above.			
23a. SIGNATURE John W. Finney M.D. (Degree or title)		23b. ADDRESS St. Albans Mo.	
23c. DATE SIGNATURE May 2 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-5-53	
24c. NAME OF CEMETERY OR CREMATORY Hahn Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Marble Hill, Mo.	
DATE REC'D BY LOCAL REG. May 11 1953		REGISTRAR'S SIGNATURE 25-0 Willie Van Amburg	
FUNERAL DIRECTOR'S SIGNATURE Cozy Shetty		ADDRESS Leubeauville, 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 L. L. Keman

Licensed Embalmer No. 2563

P. O. Address. Cape Girardeau, 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.