

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17211

State File No. ....

FILED MAY 27 1953

BIRTH NO. ....

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 206

1. PLACE OF DEATH a. COUNTY Butler 01240		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY Iron 0490	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo		c. LENGTH OF STAY (in this place) 10 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Doctors Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Iron Two.	
		d. STREET ADDRESS (If rural, give location) 5 Miles east of Annapolis	
3. NAME OF DECEASED (Type or Print)		a. (First) Nettie	b. (Middle) Delena
		c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) May 13, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 3, 1892
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Annapolis, Mo. C
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	12. CITIZEN OF WHAT COUNTRY? U. S. A
13a. FATHER'S NAME Alexander Morris		13b. MOTHER'S MAIDEN NAME Martha Sutton	14. NAME OF HUSBAND OR WIFE Jay W. 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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jay W. Miller, Minimum, Missouri
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) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	
		INTERVAL BETWEEN ONSET AND DEATH 10 days Unknown Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 5-3-53, 1953, to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at 2:25 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert Chappelard M.D.		23b. ADDRESS Poplar Bluff, Missouri	
		23c. DATE SIGNED 5 13 53-	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1953	
24c. NAME OF CEMETERY OR CREMATORY Annapolis		24d. LOCATION (City, town, or county) (State) Annapolis, Missouri	
DATE REC'D BY LOCAL REG. 5 13 53-		REGISTRAR'S SIGNATURE R. S. Murrell	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Doctor, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
MAY 25 1953  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 \_\_\_\_\_

*Lyle A. White*

Licensed Embalmer No. 4295

P. O. Address Winton, 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.