

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30940

State File No.

FILED OCT 6 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4015 Registrar's No. 75

0020

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro	
c. LENGTH OF STAY (in this place) 15 hr		d. STREET ADDRESS (If rural, give location) Family Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home		e. CITY (If outside corporate limits, write RURAL and give township) 0020	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Eda	b. (Middle) Margaret	c. (Last) Miller	Sept-24-1953		
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-21-1899	9. AGE (In years last birthday) 54	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Gen Housework		11. BIRTHPLACE (State or foreign country) Iowa	

13a. FATHER'S NAME Jacob Weber	13b. MOTHER'S MAIDEN NAME Mary Liebfort	14. NAME OF HUSBAND OR WIFE Harold Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME _____ 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hours 3 mo. 3 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		
19a. DATE OF OPERATION June 5-53		19b. MAJOR FINDINGS OF OPERATION Cx - Spine (Pursey) metastatic metastatic dx	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1, 1953, to Sept 24, 1953, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 11:30 PM, from the causes and on the date stated above.

23a. SIGNATURE W. H. Kessler (Deputy or title) _____	23b. ADDRESS Hamburg, Mo	23c. DATE SIGNED 9-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-27-53	24c. NAME OF CEMETERY OR CREMATORY Mount Olive	24d. LOCATION (City, town, or county) (State) Hamburg, Iowa
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DATE REC'D BY LOCAL REG. Oct 1, 1953	REGISTRAR'S SIGNATURE Harvin N. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Kessler ADDRESS Westboro, Mo
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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 _____

A R Tucker #2

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. **4757**

P. O. Address **Westboro, 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.