

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

State File No. **32652**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055** Registrar's No. **117**

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Bolivar		c. CITY (If outside corporate limits, write RURAL and give township) Bolivar	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) 119 Lilliad St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 Lilliad St.			

3. NAME OF DECEASED* (Type or Print) a. (First) Nadey b. (Middle) Elizabeth c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Sept 24 1953	
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 26 1868
9. AGE (In years last birthday) 85		10. MONTH 5 DAY 29 HOURS 0 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY House Work	
11. BIRTHPLACE (State or foreign country) Wind Creek Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John G. Browd		13b. MOTHER'S MAIDEN NAME Und Known		14. NAME OF HUSBAND OR WIFE John W. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). b (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Tommy Miller	
				ADDRESS Bolivar Mo	

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) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arteriosclerosis			
		DUE TO (c)			
		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 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) 334X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **9-24 1953**, to **9-24 1953**, that I last saw the deceased alive on **9/24**, 19**53** and that death occurred at **7:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE Steubleron		(Degree or title)		23b. ADDRESS Bolivar		23c. DATE SIGNED 9/25/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 25/53		24c. NAME OF CEMETERY OR CREMATORY Honey Cemetery		24d. LOCATION (City, town, or county) (State) Near Stoutland Mo	
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DATE REC'D BY LOCAL - REG. 9/26/53		REGISTRAR'S SIGNATURE Ralph Sorden		25. FUNERAL DIRECTOR'S SIGNATURE Erwin & Blue		ADDRESS Bolivar 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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Chas Jester*

Licensed Embalmer No. *4154*

P. O. Address *Bolivar, 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.