

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **372**  
Registrar's No. **123**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) STATE <b>Missouri</b> , COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar bluff Mo.</b>		c. LENGTH OF STAY (in this place) <b>11 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kinder</b>		1030 /
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar bluff Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Poplar bluff Missouri.</b>		
3. NAME OF DECEASED a. (First) <b>Cassie</b>			b. (Middle) <b>Mae</b>	c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 22 54</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 17 1904</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kinder Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Tom Doublin</b>		13b. MOTHER'S MAIDEN NAME <b>Mae Virginia Crews</b>	14. NAME OF HUSBAND OR WIFE <b>Ralph Miller</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ralph Miller Kinder Missouri.</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <b>5810</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <b>1-11</b> , 19 <b>54</b> , to <b>1-22</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-22</b> , 19 <b>54</b> , and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. H. K. ...</b>		23b. ADDRESS <b>Poplar Bluff Mo</b>		23c. DATE SIGNED <b>1-27-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-24-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Puxico</b>	24d. LOCATION (City, town, or county) (State) <b>Puxico Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1/29/54</b>	REGISTRAR'S SIGNATURE <b>R. A. Newell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Service Puxico Mo</b>		

434-0 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
FEB 2 1954

BUTLER CO. HEALTH CENTER

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

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 Walter Marsh Westhams

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.