

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5686

State File No.

BIRTH FILED FEB 22 1954 REG. DIST. NO 274 PRIMARY REG. DIST. NO 3052 Registrar's No. 913

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (in this place) 23 yrs.	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 662 East 11th		e. STREET ADDRESS (If rural, give location) 662 East 11th	

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) ISABELLE	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH March 14, 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Poultry dresser	10b. KIND OF BUSINESS OR INDUSTRY Produce Co.	11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME D.T. Dreyer	13b. MOTHER'S MAIDEN NAME Jennie Hale	14. NAME OF HUSBAND OR WIFE Wm. E. Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NUMBER 500-10-6003	17. INFORMANT'S SIGNATURE OR NAME Roy Miller, 662 E. 11th	ADDRESS Sedalia, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid haemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Sedalia, Mo.
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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?
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22. I hereby certify that I attended the deceased from June 20, 1954, to Feb 12, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 5:55 P.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Chas Gordon Scheffel M.D.	23b. ADDRESS Sedalia, Missouri	23c. DATE SIGNED Feb 15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/54	24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens, Sedalia, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG 2/15/54	REGISTRAR'S SIGNATURE R. G. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. Miller	ADDRESS Sedalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Stauffacher

AUG 18 1954

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.....
Signature of Student Embalmer

Signed *Shane Ewing*.....

Licensed Embalmer No. *384*.....

P. O. Address *Helena*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.