

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

State File No. **7687**

FILED APR 6 1954 REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) Kenoma		c. CITY (If outside corporate limits, write RURAL and give township) Kenoma	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) EMMA	a. (First)	b. (Middle) (NMI)	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) Mar 28 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 1 1870	9. AGE (In years last birthday) Months Days 84 2 27	IF UNDER 16 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Station Agent	10b. KIND OF BUSINESS OR INDUSTRY St. L & SF RR Co.	11. BIRTHPLACE (State or foreign country) Avilla, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Robert Shelton	13b. MOTHER'S MAIDEN NAME Susan Farmer	14. NAME OF HUSBAND OR WIFE Ben jiman C. Miller
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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 Mrs. Beulah Miller, Kenoma, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Jan 1953 March 5 1954
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation DUE TO (c) Cardiac Dilatation		
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 4343	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)
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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?
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22. I hereby certify that I attended the deceased from Nov 1, 1952, to March 28, 1954, that I last saw the deceased alive on Mar 26, 1954, and that death occurred at 12:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Elmer T. Dickel MD	(Degree or title)	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED 3/29/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 30 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. Mar 29 1954	REGISTRAR'S SIGNATURE Hazel St. Pugh '50	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUN 10 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
Student Embalmer

Signed Norman S. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, 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.