

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8413**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4221** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mound City		c. CITY OR TOWN Mound City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Lifetime		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:			

3. NAME OF DECEASED (Type or Print)	a. (First) Lucy	b. (Middle) Josephine	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) March 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 4, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Forest City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Galliher	13b. MOTHER'S MAIDEN NAME Jane Eastridge	14. NAME OF HUSBAND OR WIFE James W. 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Francis Walker ADDRESS Mound City, 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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES 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 331X	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 **Feb 1, 1954**, to **March 17, 1954**, that I last saw the deceased alive on **3-17, 1954**, and that death occurred at **9 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. Perry M.D. (Degree or title)	23b. ADDRESS Mound City, Mo.	23c. DATE SIGNED 3-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/19/1954	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Holt County, Missouri
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DATE REC'D BY LOCAL REG. 3-19-1954	REGISTRAR'S SIGNATURE James H. ...	4259 - 25. FUNERAL DIRECTOR'S SIGNATURE James H. ... ADDRESS Mound City, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *James H. Crawford*
Licensed Embalmer No. *479*
P. O. Address *Mound, Ok.*

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.