

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11158**

FILED APR 29 1954

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **3005** Registrar's No. **199**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Miller b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY OR TOWN Butler	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (at this place)		e. STREET ADDRESS (If rural, give location) 204 W. Dakota 0076	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Ethel	b. (Middle)	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1954
-------------------------------------	-------------------------	-------------	-------------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH May 20 1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
----------------------	-------------------------------	--	-------------------------------------	---	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME Richard Lemaster	13b. MOTHER'S MAIDEN NAME Jemimia Mecenia	14. NAME OF HUSBAND OR WIFE John F Miller
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Roy Miller	ADDRESS Butler RFD 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, ashenia, 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) Pulmonary edema		3 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Side Heart failure DUE TO (c) chronic myocarditis		8 months 5 years
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 4222	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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **May 1944**, to **Apr. 17, 1954**, that I last saw the deceased alive on **Apr. 17, 1954**, and that death occurred at **10.15 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Lathrop, M.D.	23b. ADDRESS Butler, MO.	23c. DATE SIGNED 4/20/54
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 20/54	24c. NAME OF CEMETERY OR CREMATORY Oakhill	24d. LOCATION (City, town, or county) (State) Butler Missouri
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. Apr. 1-20-54	REGISTRAR'S SIGNATURE Kendall	25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood	ADDRESS Butler Missouri
--	--------------------------------------	--	--------------------------------

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

John G. Henderson

Licensed Embalmer No.....35

P. O. Address.....Butler Mis

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.