

FILED JUN 15 1954

# STANDARD CERTIFICATE OF DEATH

17579

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 99

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> <u>0970</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Marshall</u>                             |  | c. CITY OR TOWN <u>Miami Township</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><u>7 months</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>4 miles west of Slater, Mo.</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Will Rest Home 87 1/2 S. R. Rd. ex. 4 miles west of Slater, Mo.</u> |  |   |   |

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|---|-------------------------------|--|--|
| 3. NAME OF DECEASED<br>a. (First) <u>Mary Elizabeth</u> b. (Middle) <u>Marshall</u> c. (Last) <u>Miller</u>     |                               | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 12, 1954</u>         |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Sept. 27, 1893</u>  |
| 9. AGE (In years last birthday) <u>60</u>   |                               | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>15</u>                        | IF UNDER 24 HRS.<br>Hours <u>15</u> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                     | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Saline County, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |                               |  |  |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><u>James F. Crank</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Josephine Golden</u> | 14. NAME OF HUSBAND OR WIFE<br><u>William Andrew Miller</u>                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u>               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>W.A. Miller Slater, Mo. RFD #1</u> |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>April 1950</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Carcinomatosis</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma left breast</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

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|---|--|--|
| 19a. DATE OF OPERATION<br><u>7-19-1950</u>      | 19b. MAJOR FINDINGS OF OPERATION<br><u>Grade 2 adenocarcinoma left breast</u>                          | 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)<br><u>170 X</u>                  |
| 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?   |

22. I hereby certify that I attended the deceased from July 17, 1950, to June 12, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

|   |                                  |                                      |                                    |
|---|----------------------------------|--------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><u>G. L. L. L. L.</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Marshall, Mo.</u> | 23c. DATE SIGNED<br><u>6-12-54</u> |
|---|----------------------------------|--------------------------------------|------------------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>June 14, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ridge Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Marshall, Missouri</u> |
|--|-----------------------------------|--|--|

|  |  |     |   |                                 |
|--|--|-----|---|---------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>6-12-54</u> | REGISTRAR'S SIGNATURE<br><u>Sidney T. Gray</u> | 385 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Campbell-Lewis</u> | ADDRESS<br><u>MARSHALL, Mo.</u> |
|--|--|-----|---|---------------------------------|

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

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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.....  
Licensed Embalmer No. 470

P. O. Address Marshall, .....

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.