

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19380**

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 124

4

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jasper</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Greene</u>	
c. LENGTH OF STAY (in this place) <u>4 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parker's Rest Home</u>			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>Minnie</u>			(Month) (Day) (Year) <u>6-12-1954</u>
b. (Middle) <u>Gukia</u>			
c. (Last) <u>Keith</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-24-1886</u>
9. AGE (in years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>home house wife</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward S. Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Tibbman</u>	
14. NAME OF HUSBAND OR WIFE <u>Calvin Keith Miller Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, as for unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>551-01-1958B</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Keith Miller Mo.</u>		ADDRESS <u>Miller Mo.</u>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure, arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Cystitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>3 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Grand Mal</u>		<u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 <u>June 9</u> , 19 <u>54</u> , to <u>June 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 9</u> , 19 <u>54</u> , and that death occurred at <u>7:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. Schell</u>		23b. ADDRESS <u>Carthage, Missouri</u>	
23c. DATE SIGNED <u>6/12/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-16-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenham</u>		24d. LOCATION (City, town, or county) (State) <u>S. A. Columbus Kan</u>	
DATE REC'D BY LOCAL REG. <u>6-16-54</u>		REGISTRAR'S SIGNATURE <u>Margaret Coates</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris Leiman Miller Mo.</u>		ADDRESS	

RECEIVED JUN 23 1954
Jasper County Health Office
County File Number 54-6-483
Date Filed JUN 23 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 E. P. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.