

23921

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 2 - 1954

No. 300  
10. 48

BIRTH NO. 97265-54 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		d. STREET ADDRESS (If rural, give location) <u>222 W. JEFFERSON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sedalia Hospital #2</u>			d. STREET ADDRESS (If rural, give location) <u>222 W. JEFFERSON</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) _____ c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>July 21, 1954</u>		9. AGE (In years last birthday) <u>1</u> if UNDER 1 YEAR Months _____ Days _____ if UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Pearl Miller</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Miller - Sedalia Mo.</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>				INTERVAL BETWEEN ONSET AND DEATH _____
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Atelectasis from mucus</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) <u>7625</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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>7-21-1954</u> , to <u>7-22-1954</u> , that I last saw the deceased alive on <u>7-22-1954</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>A. R. Maddox M.D.</u>			23b. ADDRESS <u>116 1/2 W. Main</u>		23c. DATE SIGNED <u>7-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-26-54</u>	REGISTRAR'S SIGNATURE <u>Lavina Coontz, Deputy</u> <u>251-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Cleland</u> ADDRESS <u>400 W. Cooper</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*J. Prue Alexander*

Signed.....

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Seabrook, Md.

**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.