No. 300
10.48

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FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26246
State File No.

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARSAW 0080
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle): Lou
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Aug 14, 1954

5. SEX: Female
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 2, 1872
9. AGE (In years last birthday): 81 — If under 1 year: Months 8, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St Clair Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Samuel Lee Miller
13b. MOTHER'S MAIDEN NAME: Lucy Davis
14. NAME OF HUSBAND OR WIFE: E. B. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: E. B. Miller — ADDRESS: Warsaw, Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis & Senility
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: 331 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1954, to Aug 14, 1954, that I last saw the deceased alive on Aug 13, 1954 and that death occurred at 11:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: George Hall (Degree or title) D.O.
23b. ADDRESS: Warsaw, Mo
23c. DATE SIGNED: 8-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 16, 1954
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek
24d. LOCATION (City, town, or county) (State): Lincoln Benton Co. Mo.

DATE REC'D BY LOCAL REG.: Aug. 16-1954
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John T Cline — ADDRESS: Warsaw

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.