

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28653**

FILED AUG 20 1954

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6041** Registrar's No. **465**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Naylor, Rural		c. CITY OR TOWN Corning	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) 2 months		e. STREET ADDRESS (If rural, give location) Rt. 1. 802 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home of daughter, Naylor			

3. NAME OF DECEASED (Type or Print)	a. (First) Maude	b. (Middle) *	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1954
-------------------------------------	-------------------------	----------------------	-------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 4 Days 21	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Wm. B. Sullivan	13b. MOTHER'S MAIDEN NAME Ardie Mason	14. NAME OF HUSBAND OR WIFE Neal Miller
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Neal Miller	ADDRESS Rt. 1. Corning, Ark.
--	-------------------------------------	--	-------------------------------------

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) cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myo-cardial deg. DUE TO (c) with hypertensial		
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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Corning, Arkansas
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443x
---	--	--

22. I hereby certify that I attended the deceased from **July 13, 1954** to **July 13, 1954**, that I last saw the deceased alive on **July 2, 1954**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. E. Erment (Degree or title)	23b. ADDRESS Naylor Mo	23c. DATE SIGNED 7/27/1954
--	-------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-15-54	24c. NAME OF CEMETERY OR CREMATORY Richwoods Cemetery	24d. LOCATION (City, town, or county) (State) Corning, Arkansas Rt. 1.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. 8-16-54	REGISTRAR'S SIGNATURE OB Johnson 271-1	25. FUNERAL DIRECTOR'S SIGNATURE RUSSELL-ERMERT FUN. HOME, CORNING, ARK.	ADDRESS RUSSELL-ERMERT FUN. HOME, CORNING, ARK.
---	--	---	--

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 Me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard O. Emmer

Licensed Embalmer No. 7

P. O. Address Corning, Ar

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.