

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32910**
Registrar's No. **394**

FILED NOV 3 - 1954

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5005

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Millard, Mo	c. LENGTH OF STAY (In this place) None	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doster	8210
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Ruby b. (Middle) Alice c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 19, 1896		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Climax, Mich		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Sherman		13b. MOTHER'S MAIDEN NAME Lillian Carry		14. NAME OF HUSBAND OR WIFE Le Roy Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Robert B. Davis Funeral Home	

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma of Liver and common bile ducts			INTERVAL BETWEEN ONSET AND DEATH Not known
	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.			

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)		1561	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Oct. 28, 1954**, to **Oct. 28, 1954**, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Spencer L. Freeman M.D.	(License or Title)	23b. ADDRESS Kirksville Mo.	23c. DATE SIGNED 10-29-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Climax Cemetery	24d. LOCATION (City, town, or county) (State) Climax, Mich.
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DATE REC'D BY LOCAL REG. Oct 29, 1954	REGISTRAR'S SIGNATURE Anna W. Ratliff, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis	ADDRESS Kirksville, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2010

AUG 30 1955

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.

Signed.....
Student Embalmer

Signed *Frederick Doolby*

Licensed Embalmer No. *4618*

P. O. Address *Queen City, 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.