

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33402

State File No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0260</u>	

3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) <u>NO</u> c. (Last) <u>MILLER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-21-54</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>Aug 8-1876</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTH PLACE (City and State or Foreign Country) <u>Russellville MO U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME <u>Peter Stemberger</u>		13b. MOTHER'S MAIDEN NAME <u>Anne Tracy</u>		14. NAME OF HUSBAND OR WIFE <u>W. G. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Theresa Miller Russellville</u>	
(If yes, give war or dates of service)		ADDRESS		ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized metastases</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		(b) _____ (c) _____				_____

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1953, to Oct 21, 1954, that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Prot. E. Murrell D.D. 2</u>		23b. ADDRESS <u>Edson, Mo.</u>		23c. DATE SIGNED <u>10/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>10-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENLOR CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>Russellville MO</u>		_____			

DATE REC'D BY LOCAL REG. <u>Oct. 23</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffens</u>	
_____		_____		ADDRESS <u>Russellville MO.</u>	

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 *W. S. Stephens*

Licensed Embalmer No. *2387*

P. O. Address *Annville Pa*

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.