

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36188

State File No.

BIRTH NO.		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6088</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Miami</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 years</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ten miles North West State</u>				e. STREET ADDRESS (If rural, give location) <u>Ten Miles NW State, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MIDDIE</u> b. (Middle) <u>LILLIE</u> c. (Last) <u>DEIBEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-54</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 5 - 1879</u>	
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>75 6 29</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State) <u>Near Sharon Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Milton Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Dinger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Deibel, Miami Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>years</u> <u>years</u> <u>8 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>40</u> , to <u>11-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 31</u> , 19 <u>54</u> , and that death occurred at <u>9:00A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.A. McBurney, M.D.</u>				23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>11/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/8/54</u>		REGISTRAR'S SIGNATURE <u>Mr. Carl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Slater</u>		ADDRESS <u>Slater, Mo</u>	

JUL 29 1957

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.....
Signature of Student Embalmer

Signed *James E. Jones*
Licensed Embalmer No. *31*
P. O. Address *State*

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.