

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40447**

State File No. ....

No. 300  
10-48

**FILED DEC 29 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lescanada</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Heermann</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>113 W 3rd 0871</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Rose</u> b. (Middle) <u>Miller</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21 - 1954</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>June 7 1896</u>
9. AGE (In years last birthday) <u>58</u>		10. YEARS UNDER 1 YEAR <u>6</u> 11. YEARS UNDER 1 MIN. <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife &amp; internatal shoe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Bose</u>	
13b. MOTHER'S MAIDEN NAME <u>unk -</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin Louis Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Morris Miller</u>		ADDRESS <u>Rapid City S.D.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis &amp; Terminal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
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 <u>331 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-18, 1954, to 12-21, 1954 that I last saw the deceased alive on 12-21, 1954, and that death occurred at 7:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Michael D.O.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>12-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Heermann Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Breach</u> ADDRESS <u>Jefferson City Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 22-54</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis M.D.</u>	

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.....  
Signature of Student Embalmer

Signed *Victor Buescher*.....

Licensed Embalmer No. *370*.....

P. O. Address *Jeffersonville*.....

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.