

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 624

BIRTH NO. _____		REG. DIST. NO. <u>77</u>	PRIMARY REG. DIST. NO. <u>3016</u>	Registrar's No. <u>37</u>
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) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u> 0268		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>421 Monroe St</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 Monroe St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7-55</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>OCT 13-1873</u>	9. AGE (In years last birthday) 81 10. UNDER 1 YEAR 3 11. UNDER 1 HR. 24
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. BIRTHPLACE (City and State, or Foreign Country) <u>Russellville Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>James Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Russell</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Parker Stanley Eugene</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension and Arteriosclerosis</u> 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>12-23, 1955</u> , to <u>2-5, 1955</u> , that I last saw the deceased alive on <u>2-5, 1955</u> , and that death occurred at <u>4 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. Paul Leslie, M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>2-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-9-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Garden</u>
24d. LOCATION (City, town, or county) (State) <u>Olson Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Feb 7-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Stephens Russellville Mo.</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
Student Embalmer

Signed *G. M. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville, 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: